THE

LOUISVILLE MEDICAL NEWS:

A WEEKLY

JOURNAL OF MEDICINE AND SURGERY.

EDITED BY

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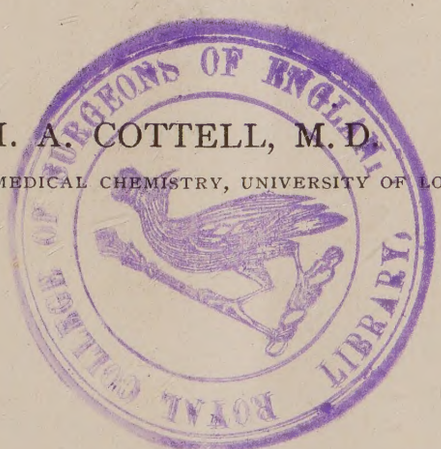

VOLUMES XV AND XVI.

LOUISVILLE:

PRINTED BY JOHN P. MORTON AND COMPANY, Nos. 442-446 WEST MAIN STREET.

1883

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THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, JANUARY 6, 1883.

Original.

ACUTE MILIARY TUBERCULOSIS.

A Clinical Lecture at the Good Samaritan Hospital, Delivered December 18, 1882.

BY JAS. T. WHITTAKER, M.D.

Gentlemen: When the thermometer was first recommended as a diagnostic agent, it met with ridicule like every innovation. I remember the smile of derision with which the statement was made and received, that we might diagnosticate with it a case of typhoid fever. Contemptuous observations were not lacking of the credulity of a certain class of enthusiasts, who even maintained that a more accurate prognosis could be established by the thermometer than by the pulse, the abdominal symptoms, the facial expression, or that indefinable *tout ensemble* which was supposed to impress itself upon the older practitioner, whose knowledge was alone entitled to respect because it was based upon "experience."

But how little respect is really due to "mystical lore" of this kind is manifest now in the presence of a thermometer in the pocket-case of every practitioner, and in pretty much every household. We watch the range of the thermometer in every case of typhoid fever with an interest that may at any time become intense.

This man came into the house with the symptoms of typhoid fever: he had nose-bleeding, bronchitis, tenderness to pressure over the abdomen, diarrhea, and a roseola. It was a clear case of typhoid fever; but we kept a record of the temperature. It did not show the "step-ladder" rise in the first week, nor the continuous fever of the second and third weeks. It was higher in the morning than in the evening, a most suspicious circumstance. Instead of falling on the twenty-first day or thereabout, it continued, and it still continues now, at the end of the sixth week, long after the subsidence of all typhoid symptoms. Six weeks have now passed, and our patient is no better. On the contrary, he is worse; he has night-sweats, he is reduced in flesh and strength, he has no appetite, and he not only continues to cough, but he has an expectoration, scant, it is true, but of peculiar character, glutinous, flocculent, and so heavy that it sinks to the bottom of a vessel containing water.

His temperature varies now between 101° and 102°; his breathing is shallow, superficial, and hurried on the least effort. There are fine dry râles all over the chest, but there is, as you observe, no dullness; on the contrary, there is increased resonance every where, especially at the apices where there is almost tympanites.

A practitioner of the "experience" school would declare this case to be a relapse of typhoid fever, or at most a complication with caseous pneumonia or phthisis florida. But there is no proof that this patient really ever had typhoid fever; for in the first place there never was any "smoke" about the brain, his mental faculties have always been perfectly clear; and in the second place, a point upon which we lay especial stress, he has never shown the range of the temperature which distinguishes this disease. Now a man may have typhoid fever absolutely without fever, as without any other one symptom of the disease; but such cases are very rare, and we are only justified in accepting them when they occur in connection with other cases distinctly pronounced. Besides, in this case, the abdominal symptoms peculiar to this disease all subsided in the course of the first week, whereas they should have become more marked.

There are cases wherein a differential diagnosis of typhoid fever and tuberculosis is impossible, if we depend upon either the subjective or objective signs. I have seen the most glaring mistakes of this kind made by

the best clinicians in the world. I have seen a diagnosis of typhoid fever tied to the big toe of a patient in the post-mortem room when there was not a sign of disease in the abdomen, and where the smiles that arose on the faces of the pathologists were at the expense of the clinician. Every text-book will teach you that a diagnosis is sometimes impossible. There is not a symptom of either disease that may not be present in either. But how important it is to make a diagnosis, especially in these diseases, because a patient revives from one and dies from the other, in the rule.

In our day we have a means of making an absolute diagnosis, and we have made an absolute diagnosis in this case. We have arrived at it in the simplest possible way. We have examined the sputa under the microscope, and found in it the bacillus tuberculosis which most emphatically and unmistakably stamps the disease.

We have not been content to interrogate the outside of the body for the condition within. We have inquired of the messenger which comes from the seat of the disease, and we have received a definite response.

You may examine and you may infer as much as you please, but you will never know definitely what kind of fluid is in the pleural sac until you put in the needle of the aspirator, and this you can do with a hypodermic syringe and determine the matter while your reflecting neighbor is rummaging the records of his experience, or is ruminating upon the uncertainties of our art. And you may study up all the books in an obstinate case of rheumatism for something else to give the patient for a change, when it may occur to your successor at once to find out some trichinæ as its cause. So have I seen a case of Bright's disease diagnosticated in the twinkling of an eye almost, by the introduction of a catheter into the bladder of a comatose patient who was regarded as an apoplectic; and many a case where a hypertrophied prostrate was detected as the cause of dribbling of urine, and not a paralysis of the bladder, by the quickest and easiest kind of an examination.

These things do not belong to this case, but they do belong to every-day practice, and they teach us when they happen to us that diagnoses are not made in the rule by long reflection, but they come for the most part like a flash. They come because we take the trouble to act.

It is a reflection to our discredit that we did not diagnosticate this case at least by the end of the first week, when the typhoid symptoms proper disappeared; but it was looked upon as anomalous, and it was absolutely believed that it would prove abortive.

The means of recognition of tuberculosis is now such a simple thing that there is no excuse for a mistake in diagnosis. I propose to speak of it now in full; and we will have the patient taken out, as his presence can not aid us, and we have here in this sputum cup all we want for a diagnosis. But let me say something first of the steps which led up to this great discovery:

The gradual evolution of truth is rarely better exhibited in any field of our science than by a review of the principal points connected with the history of tuberculosis, the mystery of medicine, as it has been not inaptly called. The fact that one seventh of all mankind die of it, including one third of the productive population, and that most men are attacked by it at some period or other of their lives, as is evidenced by post-mortem examinations, has always surrounded the study of this disease with the very deepest interest. And the recent disclosures regarding the cause of it have made this interest in our day intense. Moreover, tuberculosis is a subject which concerns the surgeon, the obstetrician, the sanitarian, the specialist in whatever field, in almost equal degree with the physician. The pathologist has always regarded it as the foundation-stone in his science.

The first observations regarding it were of course simply microscopic. It is not surprising to learn, therefore, that consumption was at first an ulceration of the lungs; then solid masses were encountered, the so-called nodules or tubercles which gave the name to the disease. These nodules were observed to be of smaller and smaller size, even down to the granules of the miliary form. With the microscope began the study of the granules and their resolution into cells and detritus. So Hippocrates and Galen speak of ulcerations and suppurations. Sylvius, 1640, first found the nodules, which he believed to be pulmonary glands. Bonnet, 1679, speaks of small tubercles, which Mangetus, 1700, compares to millet seeds. Baillie, 1793, distinguishes tubercles from pulmonary glands, and Bayle, 1810, recognizes them as developed independently of ordinary inflammation. Laennec, 1810, shows that the different kinds of tubercle, which he regards as new formations, represent different ages of the same products. "The recent progress of anatomy," he says, "has shown that these cavities are due to the softening and con-

secutive evacuation of a particular kind of accidental production, to which modern anatomists have applied especially the name of tubercles, a term used in general hitherto for every kind of tumor or abnormal protuberance." Rokitansky, 1842, like Louis before him, adopted the view of Laennec, that the tubercles are neoplasms, and are consequently specific and *sui generis;* a support, as Ruehle remarks, "which seems at last to definitely settle the specific nature of phthisis."

But Virchow, 1847, disturbed the repose of of this doctrine by evolving tuberculosis from any ordinary inflammation with caseous products. This view had been already clearly presented by Carswell nearly a quarter of a century before Virchow; and, having been restated by this great authority, was elaborated in the clinical school, Niemeyer, 1867, to such extent as to completely bury the individuality or specificness of tuberculosis for several decades. The sequence now ran, pneumonia, caseous degeneration, tuberculosis. Tuberculosis was thus a tertiary factor, an accident resulting from the absorption of caseous matter, which was in turn a secondary factor resulting from any kind of inflammation, the primary factor, in a vulnerable subject.

But just about the time of the enunciation of this doctrine the since famous experiments of inoculation were made by Villemin, and from this period, 1865, dates our definite knowledge regarding the pathology of the disease. Villemin's experiments proved the inoculability, and hence the specificness of the disease. But subsequent experimenters failed for a time to secure the same results. The new light in pathology, Cohnheim, illustrious through the comparatively trivial discovery of the emigration of the white blood corpuscles, objected to Villemin's conclusions, with the statement that he could produce the same results by the inoculation of other matter than caseous, in fact, by the inoculation of perfectly indifferent and innocuous matter, like elder pith, india rubber, etc. Thus the specificness of tuberculosis was lost again. But the doctrine would not stay down; on the contrary it kept continually coming to the front. Next, 1878, came the simple experiments of Tappeiner, who found that dogs shut up in boxes and compelled to breathe atomized tuberculous sputa invariably contracted the disease, and with these simple experiments the doctrine of specificness was launched again, this time to remain upon the surface.

The observations of our own decade went with singular unanimity to confirm this view. Cohnheim was among the first to discover the sources of error in his previous experiments, and was the chief to reinstate the individuality of the disease. Not the giant cells, he put it, not the process of caseation, no other factor characterizes the disease except the capability of inoculation. The sole criterion of tuberculous matter is inoculability; and a whole host of ophthalmologists, headed by Harnsell, in 1879, anticipated or confirmed this view.

Meanwhile, the pathologists in various fields had succeeded in establishing the identity of the various forms of tuberculosis. Thus, Köster showed that fungus joint affections were tubercular; Schüppel showed that scrofulous lymph glands were tubercular; Friedländer that caseous osteo-myelitis was tuberculous, and Rindfleisch that all caseous pulmonary phthisis was tubercular. Pott's disease, certain affections of the skin, choroid, conjunctiva, cornea, iris, intima of the blood-vessels, muscular coat of the uterus, were all quickly shown to be of the same nature, and thus the specificity of the disease was gradually put in an unassailable position.

It was the beginning of our century which witnessed the establishment of this fact. But such a doctrine could not sooner be established than search must have been instituted to discover its specific cause. Klebs, Schüller, and Aufrecht claimed to have found a specific bacterium and micrococcus, but neither of them cultivated it or produced the disease. As we all know now, Koch did find it, describe it, cultivate it, and inoculate it in a series of experiments which will fix his name forever in the annals of medicine.

I shall not weary you by repeating again the details of the process by which the bacillus tuberculosis is made visible, nor the description of the bacillus itself. There is nothing new to add on either point. Nor has there been advanced a single objection as yet which is worthy of notice or will receive notice, I fancy, at the hands of the author of this discovery. For the statement of Moxon, that the bacillus may be a product of the disease, like the spermatozoids of the testicle, is a fanciful conception; and the statement of Schmidt that the bacillus is only a fat crystal shows that he was dealing with pseudo-structures and not bacilli at all. Strange things turn out to be true sometimes, but the idea that we may be able to

cultivate spermatozoids or like structures in a suitable soil does not accord with our knowledge of their development, and the fat crystal theory entirely ignores all culture and inoculation experiments in a way that is not creditable to the amenities of science, and does not hence merit notice. Moreover, fat crystals do not hold aniline dyes after immersion in nitric acid.

What is new about the bacillus tuberculosis is the fact that it can be found in all cases of pulmonary phthisis attended with expectoration. Blmumler and Fraentzel, who have just completed an examination of one hundred and twenty cases, declare that they never failed to find it in the sputum, and they never could find it in non-tuberculous sputum; so that the bacillus has a higher diagnostic value than was at first believed. The bacilli are present in greater number in the sputum than in the lung structure (walls of cavities), proof that the sputum is a better nidus for it than the living structure. Moreover, they are always present in greater numbers in the febrile cases than in those which run an afebrile course, or in the stage of pyrexia than in that of apyrexia in the same case. They accumulate by the myriad in cases near the end. It is in these bad cases that the bacilli have overflown the tissue of the lungs to inundate the whole body. It is the swift multiplication of the bacillus and irruption into veins that makes the case of "galloping consumption," that converts a "latent" into a "florid" case. Weigert, of Leipsic, has recently demonstrated all the steps of this process, the tuberculous nodules in the lining membrane of the veins, their erosion, and the "generalization" of tuberculosis by the blood.

Ours is a case which demonstrates the extreme value of this means of diagnosis in a doubtful case; and many a case will occur to you where you will be embarrassed in the differentiation of a case of bronchitis or bronchiectasis from tuberculosis, and you will possess a sure and easy means of reaching the truth by the microscopic test.

Pretty much every case is difficult to diagnosticate at the very inception of the disease, because there is a stage of tuberculosis—I will not say phthisis, because the word, meaning only a symptom, ought to be abolished—which gives rise to no signs of any kind. Many a case so far advanced as to show hemoptysis has no other rational and no physical signs at all, and in all these cases we shall probably be able to make a diagnosis by looking for the cause of the disease.

Not only a diagnosis, but a prognosis too, can we make absolute by an examination of the sputum; for the number and development of the bacilli—that is, richness in spores—stand in direct relation to the progress of the disease. As the disease improves, the number of the bacilli diminishes, to disappear entirely when the patient recovers, or, what is more frequent, again becomes latent. In our case, as in every florid case, the sputum looks as if wholly composed of these structures, so myriad in numbers do they appear to be.

Of prophylaxis I will say nothing here, but it is plain to see that the day is not very far distant when we shall have the disease under control, not by attenuation of the vitality of the bacillus and its inoculation, but by preventing the dissemination of the disease. But that day is distant as yet, and it is especially far away because so many physicians are unwilling to accept the bacillus in its etiological relation to the disease until its acceptance is so universal that the newsboys and bootblacks on the street are familiar with the fact.

It was a long stride in advance when we got the thermometer to help us in a doubtful case, but it was a longer and a stronger stride when the higher powers of the microscope were invoked. You have the good fortune to enter upon the study of medicine when its greatest mystery has been solved, and you will show yourselves worthy of the epoch in which you live by helping, and not by hindering the dissemination of the truth.

CINCINNATI, O.

UNREDUCED DISLOCATION OF THE HEAD OF THE FEMUR IN THE THYROID FORAMEN,

Rendered Interesting and Instructive by the Difficulties of Diagnosis.

BY JOHN STEWART, M.D.

The following case, illustrating a common form of injury, is published to show what errors even experts may fall into concerning diagnosis: On Thursday, June 22, 1882, Laura Miller, aged six, who had never been an hour sick, went to bed as usual quite well. Next morning, when she arose, she complained of pain in walking; and, on being asked by her mother as to the cause, stated that she had fallen out of bed during the night. She continued to walk about the house during Friday, Saturday, and Sunday.

On Monday she walked with an older sister to the house of a surgeon, who lives in the same street. On examining her, the doctor pronounced the case to be one of dislocation; and told the children that he would come to their house, and bring another doctor with him, to reduce the dislocation. Accordingly he came at ten next morning, bringing a colleague. They administered chloroform; and, at the end of two hours, informed the mother that they had succeeded in reducing the dislocation, but that they would have to return and apply an instrument to prevent the bone being again displaced. Accordingly the doctor returned in the evening, and adjusted Liston's long splint. On the fourth of August the mother came to my house and asked me to visit the child. I refused. On the fourteenth of this month (October), she brought the child to my house to have my opinion regarding an instrument which she said the doctor had applied for hip disease. I refused to look at the instrument. On her appealing to me for my opinion, I told her to bring the child in, when I saw that she was wearing an unfitting imitation of Sayre's instrument for hip disease. Telling the mother to take the instrument off, I examined the child and found that she had an unreduced dislocation of the thigh bone in the foramen thyroideum. Learning from the mother that the instrument had been applied by a physician on the recommendation of his consultants, I, next day, called upon the doctor, and requested him to invite his colleagues to come with him to my house, and I would show them the error they had committed, there being not a single indication of hip disease, but every characteristic of dislocation in the thyroid foramen.

By my direction the father of the child brought her to my house on the evening named for the meeting, and I was thus prepared to show (1) that the child stands with the affected limb (the right) advanced in front of the other limb, with the knees separated; (2) that the foot of the affected limb, though widely separated from the other, is turned neither inward nor outward; (3) that the body of the child is bent forward, and to the side affected, by the psoas and iliacus muscles being put on the stretch; (4) that the right limb is an inch longer than the left, which would be two inches in the adult, being the distance of the center of the acetabulum to the center of the thyroid foramen—the degree of lengthening not to be measured from the crest of the ilium, as in *shortening* from *fracture*, for the reason that the thigh is flexed upon the pelvis and the leg upon the thigh; (5) that this lengthening of the limb, bent position of the body, flexion of the thigh and leg, and pointing forward of the foot are, without any other indication, conclusively diagnostic of this particular dislocation; (6) that when the child walks she, by those abnormal positions of the body and limb, describes with the big toe of the affected side an arc of a circle; (7) that the trochanter major is removed from the anterior superior spinous process of the ilium inward and downward, as shown by Nelaton's line, causing flattening of the hip by elongation of the glutei muscles; (8) that the head of the femur is felt in its abnormal position, both by pressing at the anterior and superior part of the thigh, and by the side of the tuberosity of the ischium; (9) that the limb can not be rotated, and is extended and adducted with difficulty. None of the five doctors came to my house, however, to have their errors in diagnosis and treatment proved to them.

Supposing the case was dislocation, and the physicians reduced it, ought they to have applied Liston's splint? Certainly not, for it would not prevent abduction of the limb. They ought to have tied the knees together. And supposing the case was hip disease, ought the limb to have been pulled and twisted for two hours?

The case is easily explained. The child, in falling out of bed, had its right leg caught in the bedclothes, abducted, and dislocated. Of the four dislocations of the hip it is, according to the experience of some, the most common. Certainly it is the most easily recognized and the least troublesome to reduce. The reduction, however, is not to be effected by administering chloroform and violently pulling and twisting the limb, but by gentle flexion, circumflexion, and extension. It was thus reduced before chloroform was born, and is thus being daily reduced without the aid of chloroform. Nor does it require two doctors for its reduction. One surgeon is sufficient. Four months having elapsed, reduction is now an impossibility. The child is thus a cripple for life. As, however, she is young, a tolerable use of the limb may in time be acquired, which would not have occurred by the use of either Liston's splint or Sayre's apparatus, these being intended for an opposite purpose, namely, to *prevent* the use of the limb.

KINGSTON, ONTARIO.

Miscellany.

Myositis Ossificans.—At a recent meeting of the Vienna Medical Society Professor Podrazki exhibited a soldier affected with myositis ossificans. (Lancet.) Four weeks previously the man applied for treatment, on account of an intense inflammation of the muscles on the front of the right upper arm, apparently set up by severe gymnastic exercise. The muscles were uneven, large, and hard, and the elbow-joint was fixed in flexion. The hardness was removed, and some increased mobility was obtained, by masses and the application of cold. At the end of two weeks a hard, round, movable tumor developed in the flexor of the elbow, which was evidently due to an ossification of the brachialis anticus. At first it was movable, the upper part appeared to be cartilaginous, and it was evidently not connected with the periosteum. Podrazki has seen, in the course of nineteen years, two cases in the practice of Pitha quite similar to this in their characters. In those two cases neither iodide of potassium nor any other treatment adopted had any influence. In a discussion which followed, Professor Weinlechner stated that he had twice seen similar small spots of ossification in the muscles on the front of the leg, due, in each case, to a traumatic cause. Kundrat expressed the opinion that some supposed exostoses on the thigh proceed from muscles. Their form and seat correspond to certain muscles. Their greater frequency in men, and especially in muscular individuals, suggest that their origin is traumatic. They constantly become adherent to bone in the course of their growth, and hence are commonly thought to be primary exostostoses.

The Public Health.—During the week ending December 16th the annual mortality rate in thirty-four United States cities (San Francisco return of previous week included), having an aggregate population of 7,219,930, was 22.3 per thousand, identical with the rate reported from the large cities of England for the week ending December 2d. The unusual prevalence of diphtheria in this country is inferred from a comparison of the deaths caused by it with the number registered in England. On the other hand, the mortality from measles is greater in England. Boston, Philadelphia, St. Louis, Detroit, and St. Paul record a large mortality from diphtheria. In proportion to population, Buffalo gives the largest number of deaths from scarlet fever. One half of the thirty-two deaths from measles reported from the thirty-four cities occurred in Albany, N. Y. The mortality from smallpox has risen considerably during the week, twenty-seven deaths having taken place as against eight during the previous week. Deaths from this disease were reported from Philadelphia and Pittsburgh, Pa., Chicago, Ill., Louisville, Ky., Nashville, Tenn., New Orleans, La., and Minneapolis, Minn.—*Sanitary Engineer.*

The announcement of the Post-Graduate and Spring courses of the Medical Department of the University of Louisville will be issued in a few days. We learn that the curriculum has been extended and arranged so as to make these courses of instruction unusually attractive to practitioners desirous of renewing and extending their knowledge, and to students preparing for admission to the profession.

An able and instructive review of the new Pharmacopeia, by Prof. John A. Octerlony, will be found in this impression of the News.

Heroic Midwifery.—The following illustration of what ignorance and boldness may achieve under the seal of the profession is found in the latest edition of Leishman's Obstetrics: A practitioner in a remote district having performed the operation of turning, experienced such difficulty in getting the head through the brim that he called in the aid of a medical friend. Under the influence of vigorous efforts, thus reinforced, the body of the child was brought into the world minus the head. After repeated failures to deliver the retained head, the two operators held a council, and after due and solemn deliberation resolved to perform, and actually did perform, what?—the most ingenious and speculative reader can scarcely conceive it—the *cesarean section!*

Our bright and esteemed contemporary, the Michigan Medical News, has been purchased by Mr. George S. Davis, and will be consolidated with the Detroit Clinic, under the title of the Medical Age. We are pleased to learn that Dr. J. J. Mulheron remains at the head of the editorial staff.

Examine this number of the News, and if not a subscriber, become one now.

The Louisville Medical News.

Vol. XV. SATURDAY, JANUARY 6, 1883. No. 1.

LUNSFORD P. YANDELL, M.D., - - }
L. S. McMURTRY, A.M., M.D., - - - } Editors.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday by John P. Morton & Co., Louisville, Ky. Price $3.00 a year in advance, postage included.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

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ANNUS MEDICUS.

As the expectant traveler halts to look back over the road he has come and cast an eager glance ahead, so it is well for the physician to occasionally scan the record of past events and seek a lesson for future guidance. To the progressive practitioner of medicine the past year has been one of great interest, and has brought many triumphs and pleasing rewards, and suggests for the future many promises of those consummations which have so long been devoutly wished. In this country, at least, the year has been one of extraordinary material prosperity, and at this season of annual settlements the doctor may confidently expect that his long-standing account will receive that recognition which is so often and so unjustly delayed. He should ask for his reward promptly and earnestly, and in thus demanding and claiming what is due break down the custom which puts off the doctor till other and less friendly creditors are satisfied.

In all departments of medical science and practice the past year has been one of intense activity. Never before in the history of our profession were so many able workers engaged in pushing forward the physical sciences, among which medicine stands preëminent. In general and special pathology many valuable additions have been made to our knowledge. The demonstration by Koch of the bacillus of tubercle has strengthened the hopes of that large company of industrious and ingenious laborers who, with Virchow at their head, have done so much to place medicine among the exact sciences. As is customary with such discoveries, enthusiasts have claimed more than is warranted, and we should realize that Koch's discovery only suggests that in the bacillus tuberculosis we have a possible explanation of the method of transmission and communication of the tubercular process. It teaches, moreover, that investigation in this line may yet yield far-reaching and brilliant results. Practical therapeutics has, during the past year, confirmed many views previously advanced, and eliminated many errors which had become fastened upon the medical mind. In the application of remedies to disease there has been every where a healthy search for facts and a judicious examination of results.

In surgery there have been many valuable improvements. The all-important subject of the treatment of wounds has received the attention of surgeons throughout the world. When the writer of these lines entered the profession ten years ago the hospital and the clinic were redolent of carbolic acid. The treatment of all wounds and injuries and ulcers by the local application of carbolic acid became a veritable craze among surgeons. The past year has witnessed surgical opinion settle into a realization that the antiseptic method consists in cleanliness and but little, if any thing, beyond. Iodoform has now become the fashionable dressing, and a recent writer tells us that the German surgeons apply this substance to all wounds and pack the cavities of abscesses with it in order to secure safe and prompt healing. Of the antiseptic method proper, only thorough drainage and punctilious cleanliness remain as permanent contributions to our means of treating wounds. In

abdominal surgery brilliant results have been obtained, and conditions of disease formerly considered incurable are now relieved by the bold use of the knife. In other departments of surgery—in obstetrics and in gynecology—many and permanent additions to our knowledge have been made, which our limited space will not permit us to enumerate.

The advance of medical thought in America has been more marked in no department of the science and art than in sanitary science and medical education. In all matters appertaining to the public health there is a degree of activity which has already accomplished much and which is growing daily in efficiency and practical importance. Notwithstanding the croakings of many would-be reformers, our system of medical education is constantly improving. The leading colleges of the East, South, and West are extending the period of study, adding to the curriculum, and improving the methods of demonstrative teaching. These observations are penned with a full appreciation of the many imperfections and shortcomings of the profession in connection with sanitary matters and our system of education; but that we are making steady and substantial progress no reasonable person can deny. We may confidently look to the near future for needed reforms and marked improvements; and in order that they may be permanent, let us hope they will come gradually. The millennium is not yet; but we are constantly advancing.

The lesson of it all is that he who would meet the demands of the hour must be up and doing. Never before was there a time when the duty was so imperative upon the practitioner to read and study the new developments of his science. His greatest aid in all that appertains to the progress of the science and art of medicine and improvement of the work of the profession is the medical journal. No physician can conscientiously discharge the practical duties of his calling without being informed as to the recent improvements in medicine. To present in compact form all that is new and true and practical, gathered from home and foreign sources, and adapted to the wants of the busy practitioner, will be the special aim of this journal. By following this course we hope to make the weekly visits of the NEWS welcome to its readers, and while preserving old friendships to make new ones.

In conclusion, we wish for all our friends and readers a happy New Year. This is the trite form in which the compliments of the season are exchanged, but from one physician to another it means a great deal more. No calling in life is so sublimely epic as that of the practitioner of medicine. His ministrations bring him in contact daily with men, women, and children, amid scenes of trial, anxiety, and sorrow. His triumphs bring joy to all, and often he shares the common sorrow. His happiness is so interwoven with that of his patients that in wishing him a happy New Year we are also wishing success for his labors and health and happiness for those who come under his care. With a full appreciation of these words, the editors of the NEWS wish all their readers a happy—most happy New Year.

THE ARMY MEDICAL MUSEUM AND LIBRARY.—American physicians will observe with regret that the Committee on Appropriations of the House of Representatives has reduced the annual appropriations for the Army Medical Museum and Library one half, allowing $5,000 for the maintenance of both, instead of $5,000 to each, as has been done for the past ten years. It is hoped that the Senate will correct this injustice; and physicians should write personally to their Representatives in both Houses of Congress and remonstrate against this blow aimed at an institution the value of which physicians only can appreciate.

THE county societies of the State of New York continue to instruct their delegates to repudiate the new code.

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The Pharmacopeia of the United States of America. Sixth decennial revision. By authority of the National Convention for Revising the Pharmacopeia, held at Washington, D. C., A.D. 1880. New York: Wm. Wood & Co. 1882. 1 vol. 8vo. Pp. 488.

The National Pharmacopeia is the standard authority as to medicinal preparations. The present revised edition represents the best efforts of the best representative men in the pharmaceutical profession of our country. After having looked over its pages as closely and critically as a rather limited time would admit, one can not help being convinced that in its pages the scientific physician will find all that he really needs in his work of prescribing for the sick, the officinal preparations are so numerous and varied, and include every medicinal agent whose value has been established.

There is then no excuse for the custom, now so common, of prescribing non-officinal preparations—drugs gotten up by manufacturers simply as a matter of speculation, and to catch the fancy of those whose fondness for novelties and change causes them to forget their actual resources in seeking for brilliant results in those of doubtful merit. In the meantime the apothecary is obliged to keep on hand a stock of officinal preparations which physicians neglect to prescribe, and he is forced to supply himself with numerous articles of doubtful efficacy, of ephemeral reputation, doomed to be soon set aside for more recent devices, which in their turn ere long are superseded.

The Pharmacopeia of 1880 is more than one hundred pages larger than that of 1870. It is not only a revision, but a great improvement upon the latter. Many articles of doubtful value, or absolutely worthless and unnecessary, have been dismissed. Among them may be mentioned aconite leaves, the root being now the only officinal part of the plant. Barbadoes and Cape aloes have been dropped; so that Socotrine aloes is the only officinal variety of this drug. Conium leaves being inferior to the fruit, the latter is alone officinal. Pale cinchona, confection of opium, and a number of useless decoctions, such as that of the different varieties of cinchona, of hematoxylon, of senega, and of uva ursi have all been dismissed. The extract of the fresh leaves of belladonna has very properly been omitted, along with some others of uncertain and variable strength.

The pages of former editions were burdened with many useless infusions which have properly been thrown aside The tinctures of jalap and of lupulina, the acetated tincture of opium (the time-honored black drop of bygone days), and the compound tincture of iodine have all been dismissed. The antimonial ointment and plaster, compound iodine ointment, etc., are also no longer officinal.

Many articles have, in this edition, been added to the pharmacopeia. Among them are boric acid, dilute hydrobromic acid, salicylic acid, chrysarobin, amyl nitrite, iodide of silver, caffeine, bromide of calcium. Elaterium, being of uncertain strength, has been dismissed, but its active principle, elaterin, has been added in its place as being of definite composition and uniform strength. Grindelia, eucalyptus, the benzoate, the bromide, and the salicylate of lithium have also been added. That excellent preparation, Dewees' carminative has at last become officinal under the name of Mistura Magnesiæ et Asafetidæ. Oleate of mercury, ten-per-cent strength, has been admitted. Santoninate of sodium is also one of the recent additions, and is much more convenient for administration than santonine, being readily soluble in water. The officinal Latin and English titles of many articles have been changed. In most instances these changes are simply corrections of errors which had been overlooked in former editions, and which had so insidiously crept in as to have the sanction of general usage. Ferrum red*a*ctum has been changed to ferrum red*u*ctum; iodinium to iodum; arsenicum to arsenium and then dismissed. Hence we have tinctura iodi instead of tinctura iodinii, and arsenii iodidum instead arsenici iodidum. Pulvis ipecacuanha compositus (Dover's powder) has been changed to pulvis ipecacuanhæ et opii. A new liquid preparation of opium has also been added in the tinctura ipecacuanhæ et opii; this contains one minim of fluid extract of ipecacuanha in every ten minims of the deodorized tincture of opium. It constitutes really an officinal liquid Dover's powder. The composition of Dover's powder has been improved by substituting an equivalent of sugar of milk for the sulphate of potassium as formerly used.

Among the changes, for which no good reason has been discovered, is the substitution of a terminal *ina* for the terminal *ia* of the alkaloids; thus atropia becomes atro-

pina; morphia becomes morphina; codeia, codeina; quinia, quinina; quinidia, quinidina; cinchonia, cinchonina; cinchonidia, cinchonidina; and strychnia, strychnina.

Some changes have been made in the strength of preparations. These are set forth in the following table by Prof. P. W. Bedford.

Table Exhibiting the Differences of Strength of the Preparations as made according to the 1870 and the present Pharmacopeia.*

Name of Preparation.	Number of parts of active constituent in 100 parts by weight of the preparation.	
	Phar. 1870.†	Phar. 1880.
Acetum lobeliæ,	13	10
Acetum opii,	16.3	10
Acetum sanguinariæ,	13	10
Acetum scillæ,	13	10
Acidum aceticum,	35	36
Acidum aceticum dilutum,	4.5	6
Acidum hydrochloricum dilutum,	7.8	10
Acidum nitricum dilutum,	11.6	10
Acidum phosphoricum dilutum,	9.8	10
Acidum sulphuricum,	about 100	96
Acidum sulphuricum dilutum,	12.1	10
Acidum sulphurosum,	about 6.4	3.5
Alcohol dilutum,	39	45.5
Confectio sennæ,	8.33	10
Extractum aconiti,	leaves.	root.
Extractum conii alcoholicum,	leaves.	fruit.
Ferri et quiniæ citras,	16 quinine.	12 quinine.
Liquor acidi arseniosi,	0.87	1
Liquor ferri chloridi,	35	39
Liquor potassæ,	5.8	5
Liquor potassi arsenitis,	0.87	1
Liquor Sodæ,	5.7	5
Opii pulvis,	10 or over.	12 to 16.
Opium,	about 8.	9 or over.
Opium denarcotisatum,	—	14
Spiritus anisi,	6.8	10
Spiritus camphoræ,	14	10
Spiritus cinnamomi,	8	10
Spiritus juniperi,	2	3
Spiritus lavandulæ,	2	3
Spiritus menthæ piperitæ,	6.4	10
Spiritus menthæ viridis,	6.4	10
Spiritus myristicæ,	2	3
Tinctura aconiti,	47.6	40
Tinctura aloes,	3.3	10
Tinctura aloes et myrrhæ,	each 12.	each 10.
Tinctura arnicæ florum,	23	20
Tinctura asafetidæ,	16	20
Tinctura calumbæ,	15	10
Tinctura cannabis,	36‡	20
Tinctura cantharidis,	3.5	5
Tinctura capsici,	3.5	5
Tinctura catechu composita,	7	12
Tinctura cinchonæ,	25	20
Tinctura conii,	leaves.	fruit.
Tinctura cubebæ,	15	10
Tinctura gallæ,	15	20
Tinctura guaiaci,	23	20
Tinctura guaiaci ammoniata,	23	20
Tinctura humuli,	17.5	20
Tinctura lobeliæ,	15	20
Tinctura myrrhæ,	12	20
Tinctura nucis vomicæ,	3.5 or less.§	2§
Tinctura opii,‖	9	10
Tinctura opii deodorata,‖	9	10
Tinctura quassiæ,	6	10
Tinctura rhei,	10	12
Tinctura serpentariæ,	15	10
Tinctura stramonii,	15	10
Tinctura valerianæ,	15	20
Tinctura valerianæ ammoniata,	15	20
Tinctura veratri viridis,	55	50
Tinctura zingiberis,	31.8	20
Unguentum acidi carbolici,	12	10
Unguentum acidi tannici,	6	10
Unguentum belladonnæ,	12	10
Unguentum gallæ,	12	10
Unguentum hydrargyri ammoniati,	8	10
Unguentum hydrargyri oxidi flavi,	8	10
Unguentum stramonii,	12	10
Unguentum zinci oxidi,	16	20
Vinum ergotæ,	12.5	15
Vinum opii,	13	10
Vinum rhei,	14	10

*This table embraces all changes which can be considsidered sufficiently great to require notice, and all changes of above one per cent in the strength of preparations used internally. It does not note trifling changes in the composition of preparations intended for external use.

†For liquid galenical preparations the figures in this column are only approximately correct, as the calculation into parts by weight involves the specific gravity, which is subject to considerable variation.

‡In reality 6 of the extract, which is equivalent to about 36 of dry cannabis indica.

§Of dry extract.

‖The actual morphine strength is increased nearly one half.

The division of the articles of the Pharmacopeia into a primary list, embracing those of established value, and a secondary list, containing those of inferior or doubtful value, has been wisely abolished in this edition.

The Pharmacopeia of 1880 is a work of which the committee should feel proud, and for which the whole country owes them a debt of gratitude. It is a splendid work, and must at once receive the high respect to which it is entitled. O.

Speech and its Defects, Considered Physiologically, Pathologically, Historically, and Remedially. By Samuel O. L. Potter, M.A., M.D. Philadelphia: P. Blakiston, Son & Co. 1882.

This is an essay which, under the title of "Dyslalia," won the Lea prize of Jefferson Medical College, Philadelphia, and is now published in book form after slight revision. It is an excellent little work, though, in the opinion of the writer of this notice, the author has given too much space to his periscope, while stammering and other impediments of speech have not received the attention their importance demands. In the course of the ninety-two pages of reading matter thirty-three pages are devoted to the history of the treatment of dyslalia. All this, of course, is of little interest to the physician of the present day. The necessity of giving more attention to difficulties and impediments of speech makes any work upon this subject welcome. W. C.

A Criticism and Refutation, by Mrs. Ernest Hart, of Dr. Norris's Third Corpuscle of the Blood. This is a brochure reprinted from the London Medical Record, October, 1882.

To properly appreciate Mrs. Hart's admirable criticism it will be necessary to

briefly review the subject-matter under discussion. In November, 1878, Dr. Richard Norris read a paper before the Birmingham Philosophical Society, claiming to have discovered a third or invisible corpuscle in the blood, which could be rendered visible by a peculiar method of manipulation, viz. packing and changing the refractive index of the serum. The freshly-drawn blood was mixed with a saturated saline solution and then placed in contact with the edge of a cover-glass and slide tightly bound together. By capillary attraction the corpuscles were drawn between the glasses till they reached a spot where they could not pass owing to the close contact of the glasses. The serum drains off and the corpuscles "pack" together. By mixing carmine with a saturated solution of salt the invisible corpuscles can be stained. Dr. Norris claims that normal blood teems and swarms with these colorless bodies. These corpuscles, Dr. Norris claimed, are young, immature bodies, and a new and ingenious theory of blood-formation was offered.

This paper was widely commented upon. The London Medical Record for January, 1880, contained an elaborate criticism of Dr. Norris's paper, written by Mrs. Ernest Hart. This fair critic, in a most logical and convincing manner, demonstrated that the methods of Dr. Norris would cause the appearance he described as nominally existing. She proved that the excessive pressure to which the corpuscles were submitted by the packing process would cause them to lose their hemoglobin, which tinted the serum, changing its refractive index and rendering visible corpuscles which had lost their coloring matter.

Another striking experiment was made by Mrs. Hart. Blood from the same subject, at the same sitting, was mixed, respectively with a five-per-cent solution of sodium sulphate and a saturated solution of sodium chloride, and the corpuscles counted by means of a hematometer. The mean counting gave in the sodium-sulphate solution 4,920,000 corpuscles per cubic millimeter, and in the saturated-salt solution 3,260,000, showing that about *one third* of the corpuscles had been rendered invisible by the salt solution.

A few months ago Dr. Norris published a book, "The Physiology and Pathology of the Blood," in which he gives his views of the morphology of the third corpuscle and describes his methods of demonstrating it. The book is illustrated with one hundred and ninety-six photographs, and gives fully the views and deductions of Dr. Norris. The first part of this book is a republication of his original essay, but modified in many important respects to conform to the criticisms of Mrs. Hart. The author is very ingenious in devising methods for demonstrating his "third corpuscle." He now relies upon the following processes: (1) Absolute alcohol; (2) a two-per-cent solution of osenic acid; (3) a seventy-five-per-cent solution of sodium chloride; (4) a soluble colloid; (5) the packing when fresh blood is seen under their flexible mica covers.

Mrs. Hart, in her last criticism, claims that upon reading Dr. Norris's republished paper, often altered in an exactly opposite sense to the original, without explanation, and his reply to her first criticism upon the original text, published now for the first time in the same volume with the altered text, it is sometimes difficult to discover to what her strictures allude. She examines Dr. Norris's new methods *seriatim*, and to our mind proves beyond the shadow of a doubt that the invisible corpuscle is the artificial production of the methods used, and is nothing else than a red corpuscle decolorized out of the body, and is not an actual living corpuscle of the blood.

Mrs. Hart's paper is a model criticism. Dr. Norris's theory in itself is beautiful and complete, and assumes to explain some of the darkest secrets of physiology; but it rests entirely on the demonstration of the existence of the invisible corpuscle as a normal element in the blood. Since this fact has been so skillfully disproved by Mrs. Hart the entire theory falls to the ground.

[We are indebted to our friend Professor Marvin, an expert in all microscopical matters, physiological and pathological, for this excellent review of Mrs. Hart's admirable essay.

The learned author of the brochure is as charming socially as she is erudite scientifically, and is besides in philanthropic works one of London's leading laborers. The temperance cause in England is much indebted to Mrs. and to Mr. Ernest Hart, and in the establishment of temperance coffee-houses in London these honored members of our profession have been conspicuously active and efficient.]

THE invasion of a cemetery recently in Philadelphia by body-snatchers has created quite a sensation in that city.

Correspondence.

NEW YORK LETTER.

Editors Louisville Medical News:

I know of nothing of especial importance that has transpired in the medical world here the past few days. Since the death of Dr. Draper several weeks ago we have not sustained the loss of any very prominent member of our profession. However, we join with our London brethren, as does the physician every where, in mourning the death of that clear, pure, beautiful writer, Sir Thos. Watson, who a few days since died in his ninety-first year. The venerable baronet died peacefully, remarking to his old pupil and friend, Dr. George Johnson, "This is the beginning of the end." We also note the death of Sir James Alderson, who was president of the Royal College of Physicians 1869–70, and with whose work on Diseases of the Stomach and Alimentary Canal you are familiar. We likewise deplore the death, which occurred last week, of that distinguished American physician, known so well to all of us, Dr. J. Forsyth Meigs, of Philadelphia.

The health of Dr. W. H. Van Buren is at present so much impaired that he is not delivering his lectures on Surgery at Bellevue, his chair being filled (and very satisfactorily too) by Prof. Dennis.

The appointment, by the newly elected Governor of New York, of Dr. Joseph D. Bryant, Professor of Anatomy at the Bellevue Medical College, upon his staff as Surgeon-General, is pretty generally considered, I believe, a judicious and satisfactory selection.

Dr. Frank H. Hamilton, who was prostrated some days ago by an attack of hemoptysis, has so far recovered as to be able to be about the house, though he has not yet driven out.

The Nestor of American Surgery, Dr. S. D. Gross, was in the city last week. I saw him at the College of Physicians and Surgeons during a lecture by Prof. Markoe, and at the close of the lecture the students gave him a deserved and generous welcome. Dr. Gross thanked the students, said his purpose here in New York for several days was to hear some of its distinguished teachers, complimented the lecture just heard, and stated that he doubted whether it would have been *more* impressive had it been delivered in Philadelphia. In the course of a few remarks he said that in the winter of 1850–51 he occupied the chair of surgery (made vacant by the retirement of Prof. Valentine Mott) in the University of New York; that 'twas a good college, the prospects of the school then being excellent, but not so good, he thought, as the school he left in Kentucky, the University of Louisville; so he returned there. He seemed full of life and activity, looked well, and as though (which 'tis hoped will be the case) he would yet live to enjoy many years of usefulness and happiness. Do you not feel proud of the University of Louisville when you remember that it has had such teachers as Gross, Drake, Flint, Yandell, Silliman, and Caldwell?

A Massachusetts M.D., Dr. Ayer—worth a million dollars—who voluntarily placed himself in an institution near the city, several months since, to be cured of the opium habit, and who the physician in charge considered as almost entirely relieved, killed himself by cutting his throat with a razor last week.

The two medical schools recently organized here—the Post Graduate and the Polyclinic—for the benefit of practitioners, will not, as do the others, have a vacation during this week Christmas. The latter school, I understand, has much the larger class, which is doubtless due to their giving more, indeed almost exclusively, *clinical* instruction. I have seen somewhat of its working, and find it not unlike the great Polyklinik of Vienna. Indeed, while in the surgical room of Dr. Gerster, his large German class and his own characteristic German enthusiasm forcibly reminded me of my student days among the Viennese. I learn that two of the teachers, Dr. V. P. Gibney, on Orthopedic Surgery, and Dr. Brandeis, on Laryngology and Otology, are Kentucky men, while the secretary and moving spirit of the institution, Dr. John A. Wyeth, Professor of Surgery, is also a southern man—a North Carolinian and a graduate of the University of Louisville. Dr. Gibney is and has been for some years the Chief Assistant at the Hospital for the Ruptured and Crippled, corner Forty-second Street and Lexington Avenue, and is one of the best authorities and most prominent men in the city in his specialty.

The New Yorkers have many resting-places for their departed friends, and the cities of the dead do not in their growth seem to lag far behind those of the living. Greenwood Cemetery, the largest, whose first inhabitant was moved there less than forty years since, has now a population of more than two hundred thousand.

The coming three or four months, as is always the case, will be so severe upon elderly people and those suffering from pulmonary trouble, indeed upon those chronically weakened and "fagged out" from every cause, that many such, through the advice of their physicians, are seeking a more congenial climate—in Florida, particularly.

Drs. Austin Flint, T. Gaillard Thomas, and the present incumbent, Dr. Fordyce Barker, are candidates for the presidency of the Academy of Medicine; election to be held at their first meeting in January. At the last meeting of the Academy the two former gentlemen requested that their names be withdrawn, but the president insisted that such should not be the case, and expressed the hope that one of them be elected.

The Northwestern Medical Society, having a surplus of money, has presented the Journal Department of the Academy with one hundred dollars.

At the Academy of Medicine, Thursday night, after the presentation of a marble bust, which is evidently a fine piece of art, and said to be a good likeness of the late Prof. James P. White, of Buffalo, by Dr. Austin Flint, and its acceptance on the part of the society through Dr. T. G. Thomas, two papers were read. The first was a short one, entitled A Contribution to the Subject of Removal of the Uterine Appendages (Tait's operation) for Recurrent Pelvic Inflammations, with Pathological Specimens, by Dr. T. Gaillard Thomas, and the second was by Dr. Henry J. Garrigues, on Gastro-elytrotomy (Thomas's operation) compared with Oöphoro-hysterotomy (Porro's operation). Both the papers were very interesting and valuable. The latter being the paper of the evening, was much longer, and discussed at greater length than the former, which was but a brief report of four cases, with a few remarks. In order not to consume so much space in one letter, I will only allude to Dr. Thomas's paper, and add a few remarks made by that other distinguished author, Dr. Emmet.

Dr. Thomas asserted that his paper was based upon a remarkable essay in the British Medical Journal of July 29, '82, by Dr. Lawson Tait, in which the latter set forth views entirely at variance with those heretofore held by the profession. He felt convinced that these advanced views of Mr. Tait were destined to make for themselves a place, and characterized his treatment as at once original and bold, yet did not feel warranted by his own experience and observation to accept all of his views. Said Henry Bennett, of England, Simpson, of Scotland, and Sims, of America, had given a vast deal of attention to the uterus, whilst the great field of the uterine appendages had been left almost untouched. He thought that a wholesome revolution was now occurring, and that Mr. Tait's paper was a most opportune effort to cast light where the darkness was most dense in gynecology.

Dr. Thomas said: Some of the original points in Mr. Tait's paper are, first, that the idea formerly held, that the laparotomy operation is so dangerous that it ought not to be done until the patient's life was in extreme jeopardy, is now exploded; then, that the usually accepted theory that menstruation was dependent upon ovulation was false, the tubes being the seat of this phenomena: again, that a great deal more depends upon the tubes than has been thought; that in chronic ovaritis there is chronic salpingitis, and often dropsy of the tube; that the mortality in his last operations was one in thirty-five, and might be less.

The removal of the uterine appendages, he said, has nothing to do with ovariotomy, which is an operation for the removal of a large and increasing tumor which will destroy life, but an operation to give relief to certain menstrual troubles, which, whilst they may not jeopardize life, yet make it well nigh unbearable. Prof. Hegar, of Germany, was the first to perform the operation, which he did July, 1872, and which was followed in five days by Mr. Tait, of England, and then, without the knowledge of either of the former operations having been done, for they were not published, by Dr. Robt. Battey, of Georgia, in the month following, August. Dr. Battey's operation was original, though preceded by two operations since he first published it to the world, and to him the credit and honor are justly accorded. The operation that will receive the name of Tait, is removal of the fallopian tube as well as the ovary, because he believes it the seat of disease.

He reported four cases, which are of too recent date to draw any reliable deductions as to the remote results of the operation. All of these operations were done under the strictest antisepticism, except the *spray* was used only *during* the operation. There were three recoveries and one death.

I append the history of three of Dr. Thomas's cases in his own words: Miss F., aged twenty-two years, began menstruating at fourteen, and from the first suffered

dreadfully with dysmenorrhea. For the past year pain had been almost constant, and was especially bad at time of menstruation, when she had to be almost semi-narcotized. Her attending physician says that during her last menstruation she was in an alarming condition, her pulse being scarcely perceptible for several hours. The friends of the patient gladly consented to any proceedure that would give her relief, even if it were death itself. I operated, and found the ovaries filled with small cysts, the fallopian tube enlarged, its lining membrane being bathed with pus—that condition described by old writers as prefluent dropsy of the tubes. My little finger could pass into the tube easily, and upon squeezing it pus poured out from it. She recovered; health is better than it has been for months, and she says she feels well.

Mrs W., twenty-five years of age, married for three years; has had one child, now eighteen months old. She began menstruating at seventeen years of age, and prior to her marriage she had no trouble from it. Nine months after confinement she had an attack of pelvic inflammation, just at the time lactation ceased and just when menstruation began again. Was never well since birth of child; felt dragged out, suffered constant pelvic pain, difficulty of locomotion, had leucorrhea, indeed was almost bed-ridden. I found, upon examination, partial laceration of cervix and perineum. Decided to make exploratory incision to be followed if need be by Tait's or Battey's operation. Found ovaries very slightly diseased, but tubes distended with a large quantity of pus. Removed with some difficulty both ovaries and tubes.

Miss M., twenty-seven years of age, entered my private hospital in September last. Menstruated first when fourteen years old, always having a great deal of pain. Says two years since caught cold and was sick; this was a sharp attack of pelvic peritonitis. Has since then kept her bed nearly all the time; grown emaciated, and as she lay in bed looked like one in third stage of phthisis. She had night-sweats; pulse was never below 120, nor temperature below 100°; had irritable stomach, etc. She required two persons to assist her in getting from her bed to a chair. I tried to build her up, but after a month's treatment she would have a slight flurry of pelvic peritonitis, which would throw her back and leave her in a worse condition than ever. We thought she would not live until spring, and her friends, appreciating the more than ordinary dangers of an operation in her case, decided to have it done. Operated, and found ovaries not much diseased, but there was tubal dropsy, the tubes being bound down by false membrane and requiring considerable force to tear them away. The intestines did not come down into the pelvis, as the fallopian tubes were so large they filled up the pelvic cavity. The operation was a tedious one, requiring fully an hour of active work. Within twenty-fours after, an insidious attack of peritonitis made its appearance, and the patient died on the sixth day. This was indeed a bad case; her friends, none of the six or eight physicians present, including myself, having any hopes of her recovery, and there is nothing in the case that might be considered as arguing against Tait's operation. I wish to hold up the hands of an original and brilliant operator.

Dr. Thomas said that he had done twenty-one operations—Battey's, Tait's, and Hegan's—with four deaths; that Dr. Battey's last report (Agnew's Surgery) was fifteen cases and three deaths; while Mr. Tait up to last July had seventy-five cases and six deaths, of his last sixty-one losing only three, and out of the last thirty-five having but one death. So also the favorable results of Keith and Wells in ovariotomy were far greater than that of any American ovariotomist. He could n't account for our English brethren being so far ahead of us in this field of surgery; and he said this difference could not be altered by argument; it must be met by results. Dr. Thomas is evidently a believer in Tait's operation, and thinks it has a great future before it. The specimens were quite interesting, several of the tubes presenting the appearance of an ordinary sized sausage.

Dr. Emmet said: "I have had no personal experience in Tait's operation; never saw Mr. Tait do this operation while I was abroad the past summer; though I saw some sixty specimens, all of which he had removed, I think, during the past eighteen months. Saw nothing that impressed me so much or puzzled me so exceedingly. Where they all came from, or what is the explanation of it, I do n't know. Have made a great many post-mortem examinations, but never saw this condition of the tubes a dozen times in my life. Was surprised to see how well these women who had been operated upon looked, their appearance being improved rather than injured by being thus unsexed. Am at a loss to explain the

difference in results of such operations in England and America. Tait is certainly most successful. He ignores every thing regarding Listerism, and always has women instead of men to assist him. The impunity with which he goes into the abdomen is interesting. There can be no question about his success. Saw him remove a fibrous tumor that weighed probably forty pounds, together with the entire uterus, and the patient was up in two weeks. As to his operation upon the broad ligament, I am not yet prepared to do it. Must first have more light upon the subject."

But for consuming so much time and space, I would delight in giving you the views of the other gentlemen who took part in the discussion.

Mr. Lawson Tait's idea that the phenomena of ovulation must depend upon the fallopian tubes, and not on the ovaries, is strange. Without any practical knowledge upon the subject, I am disposed to look favorably upon his theory as regards the removal of the tubes with the ovaries, giving relief to many of those troublesome and heretofore seemingly hopeless cases of recurrent pelvic peritonitis and cellulitis. With the many improvements that experience usually brings in a new operation, as well as in the after management of such a case, we may very reasonably hope that the percentage of deaths will be, for a time, at least, continually diminishing, and that Tait's operation will become a recognized, useful, and much practiced one.

Dr. Garrigues's paper was quite valuable, and elicited an interesting and animated discussion, participated in by several of New York's most distinguished surgeons. One, a prominent teacher and author, was, I think, almost if not altogether a champion of that classical operation, cesarean section.

But pardon me. I must not get upon that subject. These observations have already extended beyond their intended limits. Your excellent journal has many readers in the metropolis, who receive it with pleasure and profit, and witness its continued improvement with agreeable satisfaction. Wishing you a happy, prosperous New Year,

I am very truly yours,

GLEANER.

AN appropriation of $100,000 has been made by the Government for the erection of an army and navy hospital at Hot Springs, Arkansas.

Selections.

ON FREE REMOVAL OF MAMMARY CANCER, WITH EXTIRPATION OF THE AXILLARY GLANDS. — By W. Mitchell Banks, M.D., F.R.C.S.

I happen to live in a district where cancer is common. Liverpool is in an area which the Registrar-General's statistics show to be clearly of a malignant habit. The reason of this I can not say, but it is a fact; and possibly thus it is that my attention has been for some time drawn to the subject. In 1877 I published a little article in the Liverpool and Manchester Medical and Surgical Reports, based upon a paper read before a meeting of the Lancashire and Cheshire Branch of the Association. In it I asserted that surgeons did not remove cancers of the breast. Five years later, before the whole Association, I reassert the statement. Surgeons, as a rule, do not remove cancers of the breast. They persuade their patients that they do, and they almost persuade themselves; but there is always that little bit which they leave behind, and which, they fondly hope, will not grow, because it is *such* a little bit. Alas! that so little leaven should leaven the whole lump. If one turns to the surgery books of one hundred and fifty or two hundred years ago, the true method of removing a cancerous breast will be found. The breast was laid hold of with great pincers, and, having been cut clean off, the surface was rubbed over with a red-hot poker. Against a proceeding so shocking to the age modern taste revolted, and so for many years surgeons have been removing a little elliptical bit of skin including the nipple, and have been carefully dissecting out the mamma. Then the remaining skin, all impregnated with cancer-germs, has been carefully laid down again, and neatly stitched together, so that every thing should heal up quickly. Hence removal of a cancerous breast in this way came to be considered a safe proceeding. Very few people indeed died from the operation—very few indeed. Unfortunately they *all* died at a little later period from want of a little more of it. Hence, looked at from another point of view, it was the most useless of all operations, inasmuch as it never effected a cure. My present contention, therefore, is for a return to the old plan of sweeping every thing away, and leaving a great hole, if you like. The operation will no longer be the bit of surgical tailoring that it has been, and many more

patients will die from it; but many more also will be spared to live useful lives, and escape the horrors of a return—tenfold worse than the original mischief.

The breast-wound being settled, the incision should be carried up into the axilla about an inch below the margin of the great pectoral muscle. Then comes a strong temptation to dissect down the lower flap, and lay bare the latissimus dorsi and the subscapular artery. There is very seldom any occasion for this; and when it is done, if suppuration occur, a pocket for pus is left, I have twice seen the pus filter its way right to the back, and have had to make a counter-opening just below the angle of the scapula. With regard to the lower glands, they are capable of easy removal, and even the highest ones can readily be brought down from the very top of the cavity and pinched away by the nails of the thumb and forefinger. I have never yet found occasion for dividing the pectoral muscles, as even in the three instances mentioned in the list, where I was unable to remove the glands, I saw them quite clearly, but was afraid to take away so much of the vein (to which they were closely adherent) as would have been necessary to remove them thoroughly. One must try this a little more. I last week removed an inch and a half of the internal jugular, along with some cancerous glands of the neck, and the patient did not seem in the least affected by the performance.

Now, having cleared out the axilla forty-one times, I have naturally come to know something about the state of the glands; and the first point was the recognition of the fact that until we have these glands in our hand, and have split them open with a knife, we can not tell whether they are infected or not. The usual fumbling in the axilla which is practiced by surgeons tells nothing. When the glands are as big as walnuts, any first year's student can tell they are affected; but there is a stage—the earlier stage—when they are certainly infected, and yet when to the touch, through layers of skin and fat, nothing amiss can be felt. As a result of this, I came to the conclusion about three years ago that *in every case where the breast is removed the axilla should be cleared out as a necessary accompaniment;* and this I beg to urge upon the meeting. The one operation is useless without the other. As you can not tell whether the glands are infected or not, remove them and dissipate the doubt.—*British Medical Journal.*

Sulpho-carbolate of Sodium in Vomiting of Pregnancy.—Philip Miall writes (British Med. Journal): I find it rarely fails to give some relief, and in some cases the benefit is extremely marked. I give in doses of seven grains in half an ounce of water. Though sometimes decidedly useful in the vomiting of displaced or other abnormal conditions of the uterus, it is less uniformly so than in pregnancy, probably because flatulence is a less constant factor in the former cases. The drug will perhaps be beneficial against sea-sickness, taken every two hours from the time of sailing.

Intra-uterine Vaccination.—Dr. Truzzi vaccinated a number of pregnant women during the last three months of gestation, with a view to determine the protection, if any, afforded to the child. The results were negative, as the children were all successfully vaccinated a few days after birth.—*Centralblatt für Gynäkologie.*

Vomiting in Phthisis.—To relieve this symptom, Dr. Woillez painted the pharynx with a solution of bromide of potassium, and found it very useful. A pencil of charpie dipped into a solution of pure bromide in two thirds of water was passed rapidly into the pharynx before meals, the patient being required to abstain from expectoration after as long as possible. In several cases the vomiting was arrested by the first application, while in others the action, though less immediate, was beneficial.—*Jour. de Thérap.*

Syphilis was introduced into Europe in 1492, and first treated by inunction in 1497. Paracelsus first gave mercury internally in 1570; and until 1812, in this country, there could be little doubt that mercury had poisoned fatally perhaps as many patients as had been killed by syphilis, which until 1836, when Wallace of Dublin published in the Lancet his account of the treatment of tertiary syphilis by iodide of potassium, must have been a terrible disease.—*Dr. Drysdale, of London.*

Salicylate of Soda in Scarlatina.—Dr. James Couldrey, in the Lancet, writes: "In an epidemic of scarlatina of a severe character I have gotten very great benefit in seven cases by the prompt exhibition of salicylate of soda in doses of fifteen grains every two hours to adults, until singing in the ears is produced, and then every four hours during the first week."

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, JANUARY 13, 1883.

Original.

THE RECENT INVASION OF NEW JERSEY BY MALARIA.

BY W. E. BERKAW, M.D.

That marsh poison and its attendant symptoms developed in the human system are prevalent at present where they did not exist a few years ago is a *fact* which impresses itself upon the mind of every practitioner of medicine, and indeed upon the mind of every one who is interested in the sanitary condition of the country. Twenty-five years ago New Jersey and the Eastern States were comparatively free from malarial troubles, except in certain localities near marshes and swamps, or sluggish streams. Now it is becoming exceedingly difficult to find a region which has not been invaded more or less by this poison. Ask almost any physician in the State what diseases have demanded the greater part of his attention during the past five years, and among the most prominent in his enumeration will be the word, "malaria."

Now, why is this? Why do these localities, in whose precincts this disease was formerly unknown, now abound in malaria? Nature furnishes a cause for her every action, and surely we can not put this condition of things down as a causeless effect. Something received into the system must give rise to this disease, speaking generally, and although we admit that that something is marsh-gas and its reception essential to the existence of malaria, the great question which agitates the medical mind to-day is, why do we find this miasm now where recently it did not exist?

Many theories have been advanced and much speculation done, but a positive position is still wanting. Some physicians attribute this change in our sanitary condition to the atmosphere and its phenomena. They assert that we lack the great rains and cold winters which were seen years ago. Although cold seems to prevent the development of marsh fevers and heat to intensify their nature, yet something more is wanting, because the isothermal lines diverge very widely in comparison to the corresponding lines of latitude. Thus, on the Atlantic slope we find altogether a less malignant type of malaria than on the same latitude in the West, yet the isothermal conditions may be the same. Other physicians claim that the human race is gradually deteriorating, and the body has not the vigor to resist poisons as had the physical structures of our ancestors.

Still others assign, and I think correctly, the origin of malarial poison to the many improvements going on about us daily. By this I mean, more particularly, the erection of buildings and other structures which demand the upturning of fresh soil, which, under the action of heat and moisture, gives off its poisonous vapors. And the more vegetable the nature of the upturned soil the more intense the fevers; while in dry, stormy regions the milder forms are met with. Observations tend to prove this. Thus it can readily be seen why some of the sea towns suffer so intensely. Many of these places are built upon what is termed "made land," a greater part of which is vegetable in its character. Again, the sea is constantly forming a vegetable earth along the coast, as geologists tell us, and wherever a town is built this maritime soil is thrown up to the action of the sun's heat and the atmosphere which is humid. Herein we have the three elements of putrefaction, viz., heat, moisture, and organic matter, and as a result of their association marsh-gas or miasm is produced. This will prove why so many of the towns situated on the Atlantic seaboard from Cape May to Cape Cod are so full of this poison. We have this condition illustrated in our own State in the towns, many and quite populous, built between Jersey City and Amboy. Many of these places are filled with malarial poison

to which the more vigorous inhabitants become accustomed, while those of less vitality and by reason of a debilitated condition fall the victims.

Wherever we find streams filled with the putrefaction of ages, as it were—more especially illustrated in the Roman Campana, through which the yellow Tiber sluggishly threads its way—there we meet the most deadly and fatal forms of malaria.

Every newly constructed railroad appears to open a line of malaria as well as a mode of travel and traffic. Observation pointedly shows that malarial conditions are more prevalent along these routes. It is a historical fact that the New England shores, especially those along Long Island Sound, were once the healthiest of regions; but at the present time they abound in malaria, and almost every disease appears to be more or less complicated by a malarial condition. The city of Boston, once as well remarked for its healthy condition as for its superior intelligence, now furnishes its full proportion of malaria. Into this city—Boston—the arms of the sea formerly penetrated, but owing to the demand for building space these arms have been filled with a soil, the greater portion of which is vegetable in nature. This "made land" is continually undergoing putrefaction and giving rise to the most offensive and foul gases, which contain the apparently all essential miasmatic poison. An objection might be offered to this view, namely, that the upturning of the soil is a prime and important agent in the development of malarial conditions. If this condition is so essential, why do we not meet with malaria in every region under cultivation? But the process of tilling the ground is certainly preventive, because the poison is not permitted to attain sufficient intensity to affect the system. It is more diffusely disseminated and so greatly diluted that the least vigorous can resist its effect. It is well known that the only time when Rome was free from malaria was during the period in which the plains about her were under a high state of cultivation.

That the upturning of the soil, which has long been untouched and in a dormant state, is an important factor in the development of malaria is proved in many instances. Bristowe says: "The soil of Hong Kong consists of disintegrated granite, containing, according to Dr. Parkes, less than two per cent of organic matter, yet ague, which had not previously prevailed, became rife and fatal at a time when the soil was being extensively excavated for building purposes." Again, during the Crimean war, malarial diseases became rife about the fortifications of Sebastopol during the memorable siege of that city. Paris, usually free from malaria, has now and then her epidemics, following great excavations. Thus, I think, it is proved beyond contradiction that one of the most important elements in the production of malaria is in the soil and its changes, such as demand extensive excavations.

Of course we do not meet with the pernicious grades which exist in a warmer climate, and congestive cases are either importations or are due rather to the unhealthy condition of the individual attacked than to the intensity of the poison. But every day the physician's attention is called to some manifestation of the action of this prevalent miasm upon the human organization; if not in the form of a well-marked intermittent or a typical remittent, still its action can not mask itself; and although each of the stages, cold, hot, and sweating, may be absent, yet the peculiar periodicity of the patient's condition impresses one with the idea that malarial trouble exists. I recall one case in which the only symptoms were nausea and vomiting, recurring every other day in the afternoon. There was no chilliness, fever, or perspiration, except that incident to the emesis. My diagnosis was based wholly upon the periodicity of the nausea and vomiting, and under a treatment analogous to that used to combat intermittent febrile conditions the recovery occurred. Whether there was some idiosyncrasy which existed in the patient, by means of which any disease would have had marked nausea and vomiting as symptoms—I could not learn that in former sickness these were distressing symptoms—or whether the peculiarity existed in the poison, I am unable to say.

Although this appears a digression from the subject, I think it illustrates what we may expect often and what we should look for in any trouble whose cause seems obscure. One fact is very certain, that the complication of malaria changes many of our common physical troubles into peculiar conditions which we are unable to diagnose as easily as formerly, and it behooves every physician to be on his guard and watch for any symptoms which indicate the likelihood of malarial poison.

Southern New Jersey has her share of malaria, while the northern part of the State, once unknown to such conditions, now furnishes her full quota of malarial

subjects. The Delaware Valley, from Trenton to Port Jervis, has been invaded by malaria; but the most marked invasion is noted along the railroads, especially those built in recent years, and in towns which have been built quite rapidly. Bound Brook, where three railroads center, has attracted medical attention throughout the country by reason of its miasmatic condition. This is not wholly due to the action of heat and moisture upon the upturned soil. Just east of the town quite a marsh exists, which was rendered more sluggish than formerly by the building of one of the roads. This has been remedied somewhat by judicial action, and while not as bad as formerly still enough poison is evolved at present to contaminate the systems of many of its residents.

With this apparent cause for malaria in most localities, many cases are found, however, in the mountainous regions of the State for which no observable cause can be assigned. These cases are as well marked in their types as are those of the malarial districts. Why these cases, sporadic in character, should originate in a healthy mountain air I am unable to say, and must wait for time to show the cause. That they do exist and are very intermittent in character admits of no doubt. Just here let me say that the word *malaria* has been abused in its use as a screen behind which to take refuge when diagnosis is obscure. This should not be, but although many cases have been called malarial which were perhaps of a different nature, still it does not lessen the fact that true malarial conditions are at present very prevalent and are continually demanding medical attention.

The popular mind has also seized upon the word *malaria*, and many will come to you giving their own diagnosis before you have made any observations. In some instances patients are correct and rightly surmise their condition; in others they are badly mistaken. Many, therefore, upon their own diagnosis will go to the druggist, get their quinine pills and endeavor to drive out the foe. One case which explains this was observed in a man who was comfortably blessed financially, but who was possessed with a desire to get rid of an unfavorable physical condition as cheaply as possible. Some one, not a physician, however, told him that he was suffering from malaria, and advised him to take quinine. Subsequent thoughts brought his mind to the conclusion that such was the case, and he began treatment—his own, of course. For many days he took his "anti-malaria" just as faithfully as his food, but with the result of "no cure." His unfavorable condition still existed. Finally, disgusted with his own medical advice and treatment, he came to me. I found no evidence of malaria, but observed a catarrhal condition of the stomach and intestines attended by more or less diarrhea. The only treatment consisted in the production of emesis and catharsis, followed by a short course of tonics. He recovered, and is looking for the man who told him he had malaria.

ANNANDALE, NEW JERSEY.

A NEEDLE FORTY-SIX YEARS IN THE BODY.*

CASE I. Mrs. W. in 1830 swallowed a large needle with a broken point. Considerable irritation occurred, the needle apparently lodging, and attempts to remove or force it down caused some vomiting of blood, and for two weeks afterward she brought up blood from the throat. About twenty years later she was seized suddenly while stooping with intense lancinating pain in left hip joint, which made movement agonizing, and confined her to bed several weeks. Recurrence of this pain took place twice, at intervals of one and two years, in each instance the attack coming on suddenly while using the limb—always in the left hip. In 1874 she was instantly and violently attacked in the left shoulder and arm with an exquisite pain, worse even than the worst rheumatism. This was attended by more or less swelling, and was considered rheumatic, but resisted all treatment. It lasted several months, and disappeared of itself, and for nearly two years she experienced no trouble. But in 1876 she was again similarly attacked, this time with a severe stinging pain with redness and swelling in the posterior aspect of left arm, three inches above the elbow joint. All remedies failed to effect relief, when, in applying a liniment, something wounded her hand, and on looking for the offending object a blunt needle-point was discovered, but so firmly held in its location that an incision was required, and considerable force was necessary to extract it with forceps. The needle was blackened, and had lost its smoothness. Careful examination showed the needle to be one of an ancient pattern

*Notes from the practice of Dr. C. J. Walton.

which had long since ceased to be manufactured. Since removing the needle the lady enjoys perfect immunity from pain, and is now a woman of eighty, with the physical and mental vigor of one forty years of age.

A Calculus: On June 16, 1882, I was called to see J. B., a negro man aged about thirty-four, suffering from stone in the bladder. The patient being chloroformed, and Drs. Taylor, Donan, Payton, Edwards, Wilson, Garvin, and Scruggs being present, I performed the lateral operation, Dr. Taylor administering chloroform, Dr. Payton holding the staff, and Dr. Wilson using the sponge, etc. The operation required but a few moments, and the stone was removed with but little difficulty. The opening, after the stone was seized with forceps, required a little enlargement, which was readily effected with the index finger of the left hand. The stone being soft (triple phosphates) crushed under the forceps, and only about half of it was thus removed—the remainder being brought away with a scoop and the index finger of the left hand and smaller particles removed by the injection of a jet of warm water from an ordinary syringe. The stone seemed to have been oval in shape, slightly flattened on two surfaces. Examination of the calculus discovered a piece of straw within the stone, which proved to be the straw of a "fox-tail grass" which had been introduced, as stated by the patient, into the bladder about nineteen years before. The straw appeared to have coiled up into the bladder and broken off, as there were a number of cylindrical fragments of stone, with pieces of straw within them, in the central portion of the stone. The stone was probably as large as an ordinary hen's egg. A gum-elastic catheter was introduced through the wound into the bladder and permitted to remain about six hours, when it was removed. The urine from this time flowed through the urethra naturally, and never passed through the wound afterward, except a slight dripping about the fifth day. No unfavorable symptoms occurred. Within six weeks from the time of the operation he was taking outdoor exercise, and within two months was able to go to work. He had suffered greatly from versical trouble for the past ten years, and had undergone all sorts of treatment for disease of the kidneys, bladder, etc., and had become entirely helpless, being bed-ridden for several months before the lithotomy.

MUNFORDSVILLE, KY.

Miscellany.

PLUM PUDDING.—We commend to the prejudiced the following from the London Lancet:

Few people of middle age view with equanimity the festivities the present season brings with it. This often makes them unjust to those who at the extremes of life are able to enjoy the good things, if only indulged in with moderation. Middle-aged prejudice is unusually severe against plum pudding; yet this article is a highly efficient food, yielding a force equivalent to two hundred and fifty foot tons. It is also an admirable vehicle for the administration of fat, an article of diet, as a rule, usually objected to by children. Plum pudding, in reasonable quantity, is certainly to be preferred to the so-called "wholesome" cakes, which have little fatty matter in their composition. A good wedge of cold plum pudding is not an unwholesome lunch for young and growing lads to put in their pockets when out for a day's skating or hunting. Elderly people too are often able to compete with the younger members of the family in the enjoyment of Christmas cheer in a manner that amazes and discourages their middle-aged relations. The fact is, as has been happily pointed out by Professor Michael Foster, the digestive elements are long preserved, so that a man who in the prime of manhood was a martyr to dyspepsia by reason of the sensitiveness of his gastric nerves, in later years, when his nerves are blunted, and when therefore his peptic cells are able to pursue their chemical work undisturbed by nervous worries, eats and drinks with the courage and success of a boy.

ANECDOTES TOLD BY SIR THOMAS WATSON.—The editor of the British Medical Journal gives the following:

While attending Lawrence, the great surgeon, when he had hemiplegia with aphasia, it was thought desirable to give to the patient some sedative. Lawrence, knowing this, and wishing to indicate what remedy he desired, was unable to find the word he wanted, and became greatly agitated in consequence. Sir Thomas Watson got pen, paper, and ink, and asked him to write the word. This he could not do, but, taking the pen full of ink, made a large splash on the paper, and offered it to those at his side, Sir Thomas at once perceived the drift of this, and saw that the patient wished for

"black drop," a discovery which greatly delighted and satisfied Lawrence. Once, when dining at a large dinner party where Lawrence and Brodie were, the former remarked that Abernethy was the only genius in surgery he had ever seen.

Sir Thomas, in relating some of his professional experiences, used to mention the extensive amount of venesection which he had witnessed, relating an instance in which a man in Edinburgh was bled to seventy ounces by a clinical clerk, and with benefit, having been told to let blood until a sensible alteration was produced on the pulse.

He remembered the following as having happened: When at the Middlesex Hospital, he once saw a chimney-pot fall to the ground, and out of it jumped a sweep-boy, who immediately ran away, unhurt, for fear of being beaten.

He used to relate that, after a letter of his in the Times on the cattle-plague, some one wrote to him from Norwich to ask him to come down and vaccinate his cattle. Watson replied "he did not know how."

Once, when dining in company with Mr. Richmond, and the conversation turning upon sporting, the latter said, "Well, he had never put a gun to his shoulder, and supposed that by not shooting he *missed a good deal.*" Watson replied that "if he did shoot he probably would *miss a good deal more.*"

He told the story of some one at a medical dinner party asking another, "Well, what's the news?" "Oh," said his friend next to him, "Dr. Jones has refused a fee, Dr. Smith has taken one, and Dr. Smithson has had one offered to him."

Lord Hatherly used to say that when at Cambridge he paid his fees to Watson, who was then a proctor (being a layman), dressed in a blue coat with brass buttons.

Pulsation of the Spleen in Aortic Incompetence.—It would appear that this sign of aortic incompetence has not been previously described. Attention has now been drawn to it by Dr. Gerhardt, in the *Zeits. für Klin. Med.*, without any attempt being made to magnify the importance of the phenomenon. We are familiar with pulsation in the smallest vessels of many of the visible parts of the body in aortic incompetence, including the bed of the nails; and Quincke has shown how the two factors necessary for its production are, relaxation of the vascular walls, and sudden great variation in the blood-pressure, such as occurs in aortic regurgitation. In Gerhardt's three cases the spleen was large and the patients in high fever. The splenic tumor swelled during cardiac systole, expanding gradually, and diminished in size again during diastole. A dull double sound was audible over the tumor, apparently distinct from the cardiac murmurs which could be made out at the upper part of the tumor. To the finger the pulsation had not the characters of an aneurism, but was of the nature of a soft swelling, very much as in pulsating jugulars. The sign appears to be not entirely without some prognostic value, inasmuch as it indicates a sound condition of the left ventricular walls, and compensation, as far as possible, of the valvular inadequacy. —*Medical Times and Gazette.*

The Polluted Air of Paris.—Observations have been carried on by M. Miquel, at the Municipal Observatory at Montsouris, since 1875, for the purpose of ascertaining what matters are habitually held in suspension in the Paris atmosphere. These seem to be of all kinds, comprising cotton, hemp, wool, silk, hairs, down, pollen, starch granules, epidermic pellicles, particles of carbon, silex, and various salts, crystals, globules of iron, dead insects, ova of infusoria, etc.—and especially spores of cryptogams and bacteria. The most abundant *microbes* are derived from moulds, the white spores of *penicillium*, and the brown and green spores of *aspergillum*, etc. They are microscopically examined on lamellæ smeared with glycerine, which are exposed to a current of air for forty-eight hours, the air passing over the plates at the rate of about twenty liters per hour. The number of spores of cryptogams in suspension varies with the season, varying from three thousand in March to fifty-four thousand in June; while the winter quarter averaged sixty-three thousand per month, the summer quarter averaged thirty-six thousand five hundred. Humidity considerably increased the number of spores. There was little difference found as regards the number of spores at the Observatory and at the cemetery of Mont Parnasse; and an apparatus placed near the sewer of the Rue Rivoli did not exhibit more than are found in the atmosphere of the best houses. The distribution of the *microbes* was found to be different. Of these four principal classes were observed, the micrococci, the bacteria, the bacilli, and (in much less numbers) the vibriones. At Montsouris the number of bacteria per cubic meter varied from one hundred and sixty-one per month in the

autumn quarter to eighty-nine in the summer quarter, and thirty-six in the winter quarter, increasing enormously in September, and especially in October, to diminish again in November; but here, contrary to what happens with cryptogams, the number diminishes greatly in wet weather, to increase during the period of dryness, and if the dryness persists they die—so that their numbers increase or diminish considerably according to the meteorological changes. While cryptogams diminish in autumn, the the bacteria augment; and the appearance of the latter in large quantities seems to coincide with the prevalence of high winds. At the Pitié Hospital the number of *microbes* diminishes during the summer to increase in winter, because ventilation is less complete during the latter; and this is the case in general in all habitations of populous quarters. According to M. Miquel's tables, a man living amidst the free air of Montsouris would introduce daily by the air-passages three hundred thousand spores of cryptogams and two thousand five hundred bacteria. The same man living in the wards of the Hotel-Dieu would introduce eighty thousand cryptogamic spores and one hundred and forty-one thousand bacteria. What it is of importance to bring out is the coincidence which M. Miquel has been the first to establish, of the curve which represents epidemic diseases, and of the curve which expresses the number of bacteria. The mortality from infectious diseases always increases or diminishes when the number of bacteria increases or diminishes. Is this a mere coincidence, or is it a relation of cause and effect? M. Miquel is so convinced of the reality of the parallelism that he affirms that he can follow in his laboratory the variations of Parisian mortality caused by zymotic diseases, without as yet being able to indicate which of the *microbes* it is that does the mischief.—*Gaz. Hebd.*

The Queen and her Soldiers.—Her Majesty the Queen has graciously forwarded to the Superintendent of Nurses at the Royal Victoria Hospital, Netley, five large Berlin-wool quilts for the use of the military invalids at the hospital. One of the quilts has been entirely worked by the Queen herself, and a second one by the Princess Beatrice. (The British Medical Journal). The former bears in one corner Her Majesty's cipher of a crown, V. R. I., and the date 1882. The latter bears the initial letter of Beatrice. These were ordered to be appropriated to the use of any of the soldiers under treatment for wounds inflicted during the late war. The other quilts have been worked by ladies of the Court, but the Queen has added a border to each. The quilts are made of the softest wool, are of rich though plain patterns and colors, and are perfect in all respects as warm bed-coverings. They are remarkably even and skilfully knitted. This personal gift forms a touching instance of the Queen's kind-hearted solicitude for the welfare and comfort of the sick and wounded soldiers who have recently returned from Egypt. The remark attributed to Her Majesty is, "They have done much for me, and I must do something for them."

Manufacture of French Wines.—It appears from an analysis of wines made at the Municipal Laboratory, Paris, that all wines and liquors imported into France are subject to an analysis at the Customs before delivery to the importers, and if found adulterated they are not admitted to entry. There is, however, no inspection or examination of wines exported. (Med. Times and Gazette). In 1881 there were 3001 samples analyzed, the result being that 279 were found to be good, 991 passable, and 1731 bad; while in the first five months of the present year 1,869 samples were analyzed, out of which 372 were good, 683 passable, and 814 bad, 145 of these latter being pronounced decidedly injurious.

The New York Code.—On December 19th the Medical Society of the County of Warren, N. Y., in regular session at Glen's Falls, adopted the following:

Resolved, That the delegates of the Medical Society of the County of Warren to the Medical Society of the State of New York be instructed to vote for the repeal of the new Code at the next meeting of the State Society.

On the 12th ultimo the Medical Society of the County of Green, N. Y., also repudiated the new Code.

A Compliment.—The Medical Times and Gazette says: "The surprising familiarity shown by American physicians with the latest researches in this country and on the Continent is, we fear, scarcely enough reciprocated by us."

Mr. Kilgarriff, of Ireland, lately successfully trephined a patient for abscess on the brain.

The Louisville Medical News.

Vol. XV. SATURDAY, JANUARY 13, 1883. No. 2.

LUNSFORD P. YANDELL, M.D., - - }
L. S. McMURTRY, A.M., M.D., - - - } Editors.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITORS OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

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A MEDICAL SOCIETY NEEDED.

It has long been a matter of profound regret to the progressive members of the profession that no medical society exists in Louisville. Our esteemed friends of the Medico-Chirurgical will pardon this sweeping statement when we explain that we have reference to a broad and open organization, unlimited as to numbers, furnishing a free field of action, and offering ready admission to all reputable physicians who will subscribe to a given constitution. The Medico-Chirurgical Society of this city is more after the model of a club, where gentlemen of congenial social and professional relations meet to discuss matters medical, and enjoy in turn the hospitality of one another. It is a delightful company of gentlemen, who have the respect and esteem of the profession and are well-known as practitioners.

What we need in Louisville is a society open to every reputable physician who will subscribe to the Code of Ethics, and by his prompt attendance and earnest work contribute to the advancement of the profession in every possible relation. The profession needs a society comprising all the separate elements and conflicting interests now existing in Louisville. The true policy of a medical career would soon be apparent to all, and it would be recognized that the elements should be united, thereby promoting the welfare and prosperity of all and avoiding a conflict of interest.

It is almost impossible to estimate the immense general and individual benefit which would accrue to the profession of Louisville from a well-organized medical society in our midst. The results are shown to be, without exception, of inestimable advantage wherever such organizations are established. An energetic and well-ordered society is the greatest enemy to quackery of all kinds which has ever been instituted. These organizations improve their members in scientific acquirements, elevate their position in the profession, and strengthen their hold upon public esteem and confidence. As illustrating the serious loss being daily sustained by the profession in this respect, let us ask how many pathological specimens are seen during the year by the practitioner in this city? A society would give an impetus to work in all departments of the profession; diffuse knowledge obtained by study and observation, and by frequent interchange of views promote a generous and healthful rivalry, with more pleasant intercourse in all professional relations. Such a condition of affairs, while aiding the physician in his work, would add very materially to his happiness.

Louisville is the only city in the Union of equal or larger population which is without a medical society open to all reputable members of the profession. No city in the Union of equal size has more gifted, able, industrious, and cultivated physicians. Is not the opening of the new year a most propitious time for turning the traditional new leaf, and establishing an organization which will be a blessing at home and an honor abroad?

THE BACILLUS TUBERCULOSIS.

The December number of the Chicago Medical Journal and Examiner contains an able and elaborate article embodying researches upon the bacillus tuberculosis, by

Dr. H. D. Schmidt, of New Orleans. He claims that the so-called bacilli disappear and leave no trace behind when submitted to boiling ether, thus proving, according to Dr. Schmidt, that these bodies are only fatty crystals. Other observers, it must be remembered, claim that, after disappearing in this manner, they reappear when the sections are again stained. In other words, the bacilli are only deprived of their coloring matter by being boiled in ether.

Amid conflicting opinions and diverse views, research upon this line of investigation has become very active, and the true pathogenetic position of Koch's discovery will doubtless soon be determined. Formad, in Philadelphia, Schmidt, in New Orleans, and Hirschfelder, in San Francisco, are conducting ingenious and painstaking researches with the microscope upon this important pathological problem. Dr. James T. Whittaker, of Cincinnati, has shown in a late number of this journal how far-reaching and how valuable in its relations to practical medicine, and in the explanation of clinical phenomena, as he believes, is the discovery of Koch. The possibilities suggested by these researches are unquestionably brilliant, and the future of germinal pathology becomes more promising than ever before. In the meantime the practitioner ponders over the diffusion of tubercle throughout its several elective habitats, as well as the mode of transmission, and looks hopefully to the laboratory for the conversion of possibilities into facts established by demonstration.

Medicinæ et Chirurgiæ Magister.—It is reported that the Faculty of Medicine of Paris proposes creating a higher degree in medicine than M. D., to be known as "Doctor of Medical Sciences." Dr. John B. Roberts, of Philadelphia, suggests that should a doctorate degree higher than M.D. be established in this country, it would be most appropriate to term such degree "Medicinæ Specialis Magister." We trust that no such degree will be established, but that instead the M. D. be advanced higher and higher till it shall represent the highest attainments in the medical sciences. Should such a degree be established we believe that "Medicinæ et Chirurgiæ Magister" would be more appropriate than that of Master of Special Medicine, suggested by Dr. Roberts. At the present time the title "Fellow of the American Academy of Medicine" is intended to represent in this country the highest scholastic and medical attainments combined.

Dr. Joseph Holt, of New Orleans, in an eloquent address before the New Orleans Medical and Surgical Association upon the occasion of the ninth anniversary of that society, thus alludes to the influence exerted by that organization upon the profession of the Crescent City: "A great work has been accomplished; a great change wrought, silently, slowly, almost imperceptibly. So great a change, indeed, that the medical profession in New Orleans of to-day is no more like that of ten years ago than peace and quiet and contentment of mind are like the wrangling of passions in perdition."

Typhoid Fever in Paris.—The recent epidemic of typhoid fever in Paris has been one of great severity. At one time more than one hundred deaths per week were reported from this cause alone. The French physicians attribute the origin of the disease to overcrowding, defective drainage, and filth. The contagious nature of the disease was recognized. The best results were obtained by those who pursued the expectant plan of treatment.

The Illinois State Board of Health gives notice in the recent annual report, that after the scholastic year of 1882–83, license to practice medicine in Illinois will be issued only to graduates of such institutions as require a preliminary examination on the branches of a thorough English education.

Bibliography.

A Manual of Hypodermatic Medication. The Treatment of Diseases by the Hypodermatic Method. By ROBERTS BARTHOLOW, M.A., M.D., LL.D., Professor of Materia Medica and General Therapeutics in the Jefferson Medical College of Philadelphia, etc. Fourth edition, revised and enlarged. Philadelphia: J. B. Lippincott & Co. London: 16 Southampton Street, Strand. 1882. 1 vol 8vo. Pp. 365.

Indiscriminate praise of a book is neither a kindness nor a compliment to the author. Imperfection, inherent in all human work, may be expected even in the best books, and to point out faults in the productions of any author does not imply unkindly feeling or discourtesy on the part of the reviewer.

The necessity or advantage of having a manual of hypodermatic medication seems to be established by the fact that this is the fourth edition called for. In so far as the present volume is really devoted to the subject of hypodermatic medication it may be said to occupy a place in medical literature not filled by any other work. Much space, however, is given to the consideration of matters which have no particular connection with the subject announced on the title-page. Nineteen pages are taken up by a chapter on the opium or morphine habit and its treatment. The history of the antagonism between morphia and atropia occupies six pages. The antagonisms of strychnia are considered in nine pages. The physiological effects and therapeutic application of each agent are also given. Now when it is borne in mind that all these subjects receive full and adequate attention in numerous other works readily accessible and in the possession of the majority of physicians, one is at a loss to understand why the bulk and cost of this work, ostensibly devoted to hypodermatic medication, should have been increased by the introduction of so much matter not properly pertaining to this subject.

The physiological effects of morphia and other drugs, and their therapeutic uses, are so nearly the same, whatever be the mode of administration, as to make this part of the book superfluous. The artificial alkaloid homotropine, obtained by decomposing atropia, receives complimentary notice of nearly a whole page, in which almost every thing known relating to this new preparation is mentioned *except* its hypodermatic use. If Dr. B. ever administered it by this method he has omitted to say so. Neither does he mention its degree of solubility, its solvents, or the dose.

The book contains much of value, and was, when the first edition appeared, a desirable contribution to medical literature. The merits of the present edition would be greatly enhanced were all the irrelevant matter expunged, so that it might become what it claims to be, namely, a manual of hypodermatic medication. O.

Transactions of the Medical Society of the State of Tennessee. Forty-ninth Annual Session. 1882.

We are pleased to see such evidences of continued prosperity and universal coöperation as are furnished by the volume of Transactions from our neighbor, who has grown to be almost a half century in age.

The address of the president, Dr. G. B. Thornton, of Memphis, is replete with valuable suggestions, and discusses with the ability of a clear-headed practitioner and a well-informed sanitarian topics of special interest to the profession of the State of Tennessee.

Dr. W. M. Clark, of Nashville, contributes a paper on the Progress of State Medicine in Tennessee, and Dr. D. D. Saunders, of Memphis, furnishes a valuable paper, being observations upon the five yellow-fever epidemics which have occurred in the city of Memphis. Dr. R. B. Murray, of Memphis, contributes an admirable paper on the Prevention of the Puerperal Diseases.

Other interesting and valuable contributions appear from Dr. Henry Ess, of Memphis, Dr. W. F. Glenn, of Nashville, Dr. Alex. Erskine, of Memphis, Dr. Thad. Donohue, of Memphis, Dr. A. G. Sinclair, of Memphis, Dr. G. A. Baxter, of Chattanooga, Dr. J. W. Davis, of Smyrna, Dr. R. B. Nall, of Memphis, Dr. T. K. Powell, of Dyersberg, Dr. W. F. Clary, of Unionville, Dr. T. J. Happel, of Trenton, and Dr. A. J. Jones, of Cornersville.

All these papers give evidence of careful preparation, and are the work of honest, sensible, and practical physicians. The subjects selected for discussions are of great practical importance, and are discussed from the most available practical position. Such meetings as the last one of the Tennessee State Medical Society are, judging from the Transactions before us, always instructive and improving to the membership and profession of the entire commonwealth.

After examining such a series of excellent papers one can not but regret that our Tennessee brethren continue to bury their observations in a volume which is issued months after the session, and distributed to the physicians of a limited region. The transactions of medical societies as published in the annual volume should be abolished, and the papers and discussions should be given to the profession at once through the columns of "a live medical journal." In this way the results of scientific investigation and clinical observation are given to the public while fresh, and are distributed through many channels to the medical profession in all civilized countries. We trust the Tennessee State Medical Society will follow the example of her sister, the Kentucky State Medical Society, and give her proceedings to the profession through the medical press.

A System of Human Anatomy. By HARRISON ALLEN, M. D., Professor of Physiology in the University of Pennsylvania. Being Section III, on the Muscles and Fasciæ.

This section of Dr. Allen's work is as fully up to the standard of superior scientific work and artistic illustration as the two former sections, which were reviewed at some length in these columns a few weeks since.

In Section III Dr. Allen describes in regular order all the muscles of the body in detail, giving their relations to the adjacent parts, their functions, variations, and their connection with surgical procedures, injuries, and deformities.

This work is rich in cases illustrating the bearing of anatomical facts upon the practice of medicine and surgery. The plates are faithful as well as thoroughly artistic, and are arranged in most convenient form for study and reference. This section confirms the belief we expressed after an examination of Sections I and II, that when completed this work upon anatomy will be the best one extant for the purposes of the advanced student and the practitioner.

A MASS of two hundred loose cartilages, which had been removed from the knee-joint of a patient by Mr. Thomas Smith, was recently exhibited by Sir James Paget at a meeting of the Royal College of Physicians in London.

Medical Societies.

MITCHELL DISTRICT MEDICAL SOCIETY.

The Mitchell District Medical Society of Indiana held its Twenty-sixth Semi-annual Meeting at Seymour on December 27th and 28th, with a moderately fair attendance.

The first paper read was by Dr. W. H. Lopp, of Columbus, upon the Pollution of Drinking-water. The essay contained a number of interesting statistics bearing on epidemics which were evidently produced from no other cause.

This was followed by a short address by Dr. L. S. Oppenheimer, of Seymour, on the Drinking-water of Seymour, which the doctor illustrated by means of chemical and microscopical tests of the various waters found in the city.

A lively discussion followed, in the course of which the most diverse opinions were expressed. Some contended that so-called typho-malarial fever (supposed by some to be a myth) always originated in impure drinking-water, and thirty cases with water analyses were quoted to substantiate the theory. Another maintained that although the citizens of Vincennes drank surface-water and sewerage filtrations constantly, typhoid fever was almost unknown there.

The Professional Life and Character of the late Dr. E. W. King, of New Albany, by Dr. G. W. Burton, of Mitchell, elicited the tenderest expressions of regret and admiration for the young and gifted dead. The society appointed Dr. N. Gaddy and Dr. Burton to finish the Statistics on Placenta Previa which have made Dr. King so popular and which he had not yet completed. A letter from the widow of the deceased young author was read and listened to with the most rapt attention, and the highest encomiums pronounced on the husband and father.

Some of the Abuses of Quinine as a Therapeutic Agent, by Dr. N. Gaddy, of Lovett, was an admirable paper and contained a number of new points on this subject, but was in the main too radical to meet with favor. It suggested the utter abandonment of large doses of quinine and the sparing use of it always and only in properly-selected cases. The author says further, that even when given in moderate doses dangerous depression of the vascular and nervous systems often ensues, and is too frequently ascribed to the disease.

A paper on the Diagnosis and Treatment

of Ulceration of the Rectum, by Dr. Geo. J. Cook, of Indianapolis (formerly of Louisville, Ky.), was received with much favor. Dr. C. also showed the society his rectal speculum.

Anesthesia and Anesthetics, by Dr. Jos. Eastman, of Indianapolis, was an interesting "talk" upon this subject. Dr. E. is a gifted orator and speaks with grace and earnestness.

The Remediable Diseases complicating Chronic Dislocations, by Dr. Edward von Donhoff, of Louisville, was one of the most classical and scientific papers ever presented to this society, and was by far the finest paper of this session. It gave a brief *résumé* of the pathology of chronic dislocations, and was very pronounced in favoring bony resection in all cases in which decided improvement was at all likely to occur.

Dr. T. S. Galbraith, of Seymour, reported five cases of trachelorraphy according to Emmett's methods, all of which were decidedly successful. One of these had been treated for years by a "regular gynecologist" for uterine fibroid, another for metritis (areolar hyperplasia), and the others were *burnt* by various doctors for "ulcer of the womb."

Scarlatina, by Dr. N. N. Shipman, of Seymour, brought the subject of prophylaxis into the foreground.

Antepartum Uterine Hemorrhage, by Dr. S. H. Charlton, of Seymour, discussed in a very plain, practical manner the prevention of abortion and the management of hemorrhage before parturition, especially in placenta previa. None of the members could speak favorably of ergot or black haw in threatened abortion. Opium was considered the sovereign remedy. Dr. Gaddy stated that a strong infusion of hempseed seemed to answer the purpose better even than opium. He also thought that morphia was inferior to opium because it stimulated more.

The next meeting of the society will take place on the last Wednesday and Thursday of June, 1883, at Mitchell, Ind. L. S. O.

American Oleomargarine Cheese. — The report of the Royal Agricultural Society says that the lard and oleomargarine cheeses imported from America are wholesome and nutritious articles of food, which can not be distinguished by their appearance and general properties from ordinary cheeses.

Correspondence.

THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.

Editors Louisville Medical News:

The establishment of the Journal of the American Medical Association being an event near at hand, two important questions are to be determined. One of these questions is, where shall the Journal be published, and the other, who shall be its editor? Although these questions might, without a word of suggestion, be left to the decision of the gentlemen selected by the American Medical Association who have so admirably and successfully carried on the preliminary work, let it not be regarded an act of presumption if one who was among the early advocates of this enterprise, and who heartily desires its complete success, should utter his opinions in reply to these questions.

Without making comparisons between any of our great cities, east or west, the best place, in my opinion, for the publication of such journal is Washington City. That is the place where our national laws are made, and there those laws have their interpretation by our highest court; there our national character is most plainly and fully represented; there, more than any where else in the United States, is the home of the American Medical Association, as there its annual meetings will most frequently be held; there too is the National Medical Library, of which every American physician is so justly proud, and which offers its ample and invaluable treasures to render essential help to the editor of that which must be the best medical journal in the world. That there is no medical publisher in Washington is to the advantage of this selection, for all entangling alliances with publishing houses, as well as with medical schools, or medical coteries and cliques must be carefully avoided. Washington is not so wrapped up with the consciousness of its own medical importance that any thing like provincialism or sectionalism would be encouraged or even tolerated. The Journal is not a local enterprise for the promotion of personal interests, but belongs to the whole profession, north, south, east, and west, a national undertaking, and therefore let it go forth from the national Capital.

And now as to the editor. The man who is admirably fitted for this most responsible position is Dr. John S. Billings. He has

the professional knowledge, both from study and experience, which would enable him to choose such contributions and make such selections as will be most needed by the profession and most useful to them; he probably has a larger acquaintance among the medical men of the country than any one who could be selected; he is one of the best medical scholars, possibly the very best medical scholar, upon this continent or in the world. He is a clear, vigorous writer; he is generous in nature, catholic in spirit, faithful and fearless in the discharge of duty. His name as editor would at once give the Journal character both at home and abroad. He is loyal to the American Medical Association, one of its most constant attendants and one of its best workers. He can and will do for the journal of our Association all that Ernest Hart has done for that of the British Medical Association.

If the trustees decide to publish the Journal elsewhere than in Washington, in Chicago for example, of course the man to place at the helm is one whom the whole American profession love and honor, one of the noblest and best of men, Dr. N. S. Davis. If Philadelphia be selected, Dr. J. H. Packard, who has done so much work already toward making the Journal a success, would be an excellent choice.

Nevertheless, it seems to me that Washington City is the most desirable place for publication, and Dr. John S. Billings is peculiarly fitted for the important and responsible position of editor of the Journal of the American Medical Association.

Yours sincerely,

THEOPHILUS PARVIN.

INDIANAPOLIS, IND., Jan. 5, 1883.

Editors Louisville Medical News:

In a pamphlet advertising a proprietary medicine for digestive derangements which a Philadelphia firm is industriously circulating in my section, the following unwise language occurs: "We do not wish for a moment to be understood as denying such a condition of the system known as malaria, but we do deplore the abuse of this term. Given ten cases of so-called malaria, the strong probabilities are that *nine* will be found suffering from a disturbance of the digestive organs, the proof of which being the entire failure to *cure* by a purely malarial course of treatment." Now, I have practiced medicine through a period of eleven years, and speak from experience and with confidence founded thereon, when I pronounce those remarks false and foolish, and misleading to the over credulous and inexperienced younger members of the profession. That there is, in the supposed cases, digestive disturbance is unquestionable; but that is not a disease, it is only a sign of disease as dropsy, for instance, is of heart or kidney or blood disease. The manufacturers of drugs are quite too fond of lecturing the profession through their agents. Their business is, like the tailors and shoemakers, to supply our wants and not to tell us the why and the wherefore of their wares and all that. Taking all acute diseases, with the exception of those due to contagion, which prevail throughout the Western States, the sulphate quinia and its substitutes, assisted by proper adjuvants, as may be indicated in particular cases, will either cure or benefit at least nineteen cases out of twenty. The disturbance of the digestive organs spoken of by the writer is secondary, and when carefully examined will, in the majority of cases, present unmistakable evidences of malaria, hence the sulphate of quinia will be indicated.

CHAS. VAN WYE, M.D.

BROWING, LINN CO., MO.

Editors Louisville Medical News:

Prof. Wm. Goodell, the gynecologist, is the student's favorite clinical lecturer at the University Hospital. He makes a gynecological examination always with the left hand and an obstetrical with the right. This prevents infection from one set of cases to the other. In gynecology this mode leaves the right hand free for external manipulations, for the introduction of the uterine sound, the curette and other instruments. The woman is never exposed, being covered by a sheet, and the speculum is used only for ocular inspection or for gynecological operations. In virgins he never makes an examination until all internal remedies have failed.

In a clinical lecture on menorrhagia and metrorrhagia Prof. Goodell recommended the internal use of fl. ext. ergot in teaspoonful doses every two hours, or five drops of oil of origanum in capsules or on sugar. These failing, he advised the use of the dull curette, scraping the uterine walls, even if there be nothing in the uterus. This is Prof. Goodell's great stand-by in

uterine hemorrhages. When prescribing iron in menorrhagia he prefers the following:

℞ Sulph. iron, dried, ... } āā ʒij
Carb. potash, ... }
Glucose, ... q. s.

Mix, and make forty-eight pills. Direct: One pill after meals, and increase to two pills on the third or fourth day.

Dr. John M. Keating's treatment for sthenic types of pneumonia is the bisulphate of quinine in three-grain doses every three or four hours, given by suppositories. Combined with this, tincture of aconite, ipecac for its relaxant nauseating effects, and absolute rest. Locally moist poultices, warmed as often as necessary. If the disease continues and enters the later stages, the treatment must be changed, and becomes the same as that for broncho-pneumonia and pneumonia of an asthenic type. The muriate, bromide, and carbonate of ammonia may be used. Dr. Keating has some faith in the bromide of ammonia. Opiates, if there is pain and restlessness and a great amount of secretion of mucus in the bronchioles. Nourishing diet, especially milk. The nauseating syrups are not advised, because the stomach of the child is its main sheet-anchor. Counter-irritation to the chest by sinapisms or the stimulating liniments, followed by warm cotton dressings.

Prof. Chas. F. Stille recommends the use of fresh matter for vaccinating, and is not particular whether it is bovine or humanized virus, just so it is fresh. To get the use of perfectly fresh and reliable vaccine matter, the physician will do well to vaccinate from arm to arm, using thus the fresh humanized lymph. Prof. Stille is an acknowledged authority whose experience is valuable because it is extensive and mature, therefore this statement merits more than a passing notice by those who have some trouble in getting good vaccine matter.

Prof. James Tyson, in a lecture before a private class at the Philadelphia Hospital, remarked that cystitis, following enlarged prostate in old men, was often due to a dirty catheter introduced daily by the physician or the patient himself. A catheter used to draw off the urine in such cases should always be thoroughly cleansed in carbolized water before and after catheterization, thus preventing the introduction of bacteria into the bladder. The enlarged prostate acting as a dam prevents the complete emptying of the urine from the bladder, and the introduction of the bacteria causes a putrid change of the urine, which gives rise to cystitis. To acidify the urine in such cases give either boracic or benzoic acid.

On the center-table of Dr. H. F. Formad's laboratory stand a dozen common microscopes, one like the other. Having crude notions about what kind of a microscope a country doctor like myself ought to buy, I inquired for Dr. Formad's views on the subject. Said he, "A complete outfit, microscope and accessories, ought not to cost more than fifty dollars. A fine binocular microscope with revolving bases, compound stages and sub stages, dove-tailed fittings, and nose-pieces and eye-pieces innumerable is only good for a show-window. Buy a microscope at Zentmayer's, or for that matter any where, for forty dollars, and pay ten dollars more for the accessories, which ought to be as few as possible." Dr. Formad does all his laboratory work and teaches his pupils with these simple, well-made, cheap microscopes. He sees every thing with them that a high-power microscope can show. But a master always uses simple tools!

In looking over the files of the Louisville Medical News in the office of one of the leading medical journals of Philadelphia, I noticed that the scissors had made much havoc. No better argument can convince the practitioners of the South and West that they should be proud of the NEWS.

By the way, Dr. A. D. Price, of Harrodsburg, Ky., the President of the Kentucky State Medical Society, spent the winter at Philadelphia, and he most befittingly represented the profession of "old Kentuck."

E. J. KEMPF, M.D.

PHILADELPHIA, Jan. 6, 1883.

Editors Louisville Medical News:

Most of us have known instances where old fashioned, large-sized copper cents have traversed, in a few days, and without injury, the intestinal canal of children. The recital of a recent case may not be without interest. The son, aged six, of my friend Dr. Lee, of this city, swallowed a five-cent nickel piece, September 25th, without the symptoms of any indisposition consequent thereto, save a mild attack of dysentery two weeks afterward. This yielded readily to treatment. On December 16th the coin was vomited without change, only blackened by the gastric acids. F. P, P.

CHARLESTON, S. C., Jan. 6, 1883.

Selections.

THE TREATMENT OF TYPHOID FEVER.—Enteric fever is one of the many diseases for which as yet no specific is known, and for which I am inclined to think no specific will ever be discovered. It was maintained, even a few years ago, that an emetic, given early in its course, would frequently arrest its progress; and my late colleague, Dr. Brinton, was a believer in this reputed effect of emetics. It has also been held that the diarrhea is salutary and eliminative, and that, by promoting or encouraging it, the disease may be shortened or rendered less severe. These views were based on an imperfect appreciation of the nature of the disease; on the belief either that the intestinal affection is primary, and to be got rid of, like lice externally, or intestinal worms within, by local remedies; or that the intestinal mucous membrane is an organ by means of which the specific poison of the disease is endeavoring to escape. But even though the contagium of enteric fever be received into the stomach, it has long passed thence into the system before the symptoms of the disease arise; and obviously at this time, whatever opportunity for the successful use of emetics might theoretically have been present at the beginning, has long passed away. And to look on the diarrhea which is due to the enteric lesions as eliminative, is to look upon these lesions as centers of elimination, and is equivalent to regarding the eruptions of the eruptive fevers, which are mere foci for the growth of poison, as organs developed for the discharge of poison pre-existing in the blood—a view which is manifestly absurd when applied to the pustules of smallpox, or the tubercles of syphilis. But, if we can not cure enteric fever, or eliminate its specific poison from the system, we can at any rate treat, and in most cases relieve, some of its most distressing symptoms or complications.

Diarrhea is one of the most characteristic, and often one of the most troublesome and dangerous symptoms of the disease. It is often absent, however, for days together; and occasionally is replaced by constipation during the whole course of the disease. Many physicians, and some even of our most distinguished contemporaries, would encourage by laxatives the diarrhea, if not carried to excess; and would endeavor to excite it in cases attended with constipation. The practice is based on the opinion already referred to, that the poison tends to escape by the bowels, and on that that the retention of poisonous and putrefactive matters in the bowel is a source of danger. From the former of these views, I have already expressed my reasons for dissenting. As to the latter, I can only say that the motions are not, I believe, specially offensive, or, except in a specific sense, poisonous; and that the bowels, after all, naturally contain ordure. But, on the other hand, persistent diarrhea tends materially to weaken the patient; the commotion which attends it is a source of direct danger to the diseased bowels; and further, diarrhea, once brought on artificially, is very often difficult to be restrained. I have no doubt myself that, although two, or even three, evacuations in the day may not call for measures of restraint, diarrhea, if it should exceed this amount, as a rule, ought to be checked. Of all medicines, opium, in its various preparations, is the most valuable for this purpose. It may be given by the mouth in frequent small doses, or by the rectum in the form of a small enema or suppository. The dose and frequency of administration must of course depend on the amount of diarrhea present, and on the age and condition of the patient. Other remedies, which may be employed either alone or in aid, are the vegetable astringents, especially kino, catechu, and tannic acid, sulphuric acid, and lead. It is important to bear in mind that the danger of diarrhea depends not only on the actual profuse discharge of fecal matter, but on the peristaltic movements which accompany it, and which tend to cause rupture of thin-based ulcers. Now, this peristaltic movement may be present in the ileum, even when constipation prevails; for the large intestine, from being healthy or torpid, may fail to propel onward the matters which are being constantly poured into it from the small intestine; that is, diarrhea, so to speak, may be taking place from the small intestine into the large at a time when actual constipation exists. It is clear, therefore, that opium may be demanded to restrain the painful or violent movements of the bowels, even when the bowels are constipated.

Constipation, nevertheless, has, at times, to be dealt with. Is it right that constipation, when present, should be allowed to continue until nature brings relief, or should it be obviated by medicinal treatment? I do not think that constipation of a few days' duration is at all likely to be injurious; and,

indeed, I have seen it continue for a considerable length of time without causing any ill effects. It is not, however, desirable in itself that the bowels should be locked up; and, moreover, constipation, long continued, is apt to induce diarrhea. Whether we should do any thing, however, and what we should do, depends largely upon the condition of the patient and on the stage of his disease. There can be no doubt that, during the first week or ten days—that is, before ulceration has commenced—laxatives, such as castor-oil and rhubarb, may be given with impunity, and often with benefit. But, after ulceration has begun, and thence onward until convalescence is far advanced, even the mildest opening medicines must be looked on with suspicion; and, although I would not venture to maintain that under no circumstances should castor-oil or rhubarb be given during this period, I am sure that, on the whole, it is better and far safer to relieve the overloaded bowels by mild enemata. In support of this statement, I may remind you that constipation is almost always due, not to sluggishness of the small intestine but to sluggishness of the large intestine in which the feces accumulate and harden.

Hemorrhage from the bowels may occur early in the disease, and is then small in quantity and of no importance. When, however, it takes place from the ulcerated surfaces, and after the second week, it is a matter of serious alarm. It is true that the patient usually recovers, even though it be copious, and that very often it does not recur. But in some cases the blood escapes with sudden impetuosity, and the patient dies rapidly in a state of collapse; and in some the hemorrhage is so frequently repeated that the patient, who may seem doing well for a time, finally sinks. I am inclined to think, with Sir W. Gull, that this bleeding is practically beyond our control; and that the patients in whom our remedies seem to be efficacious are those in whom the hemorrhage would not have occurred, even if no treatment had been adopted. It is not by applying weak astringent solutions to external bleeding wounds that hemorrhage therefrom is restrained; and few, I should think, would have any faith in the possibility of arresting such hemorrhage by the internal administration of astringents. Nevertheless, feeling it to be my duty to do every thing in a dangerous crisis which might tend, however little, to benefit my patient, I should certainly, under such circumstances, give him ice-cold fluid to drink, apply cold compresses to the abdomen, and administer either lead, or tannic acid, or digitalis, or ergot, or turpentine, or perchloride of iron.

Perforation of the bowel and consequent peritonitis are almost invariably fatal; the only treatment, in addition to local applications to the abdomen, consists in bringing the patient speedily and in keeping him under the influence of opium.

High temperature (a subject to which I shall presently recur) is, no doubt, in itself an element of danger; and for this reason its reduction seems desirable. Various medicines have been employed with this object; the most important and efficacious of which are quinine and salicylic acid. In order that quinine shall reduce temperature, it requires to be given in large doses—thirty or forty grains at once, or in installments at short intervals. Thus administered, it reduces the temperature by three or four degrees in the course of a few hours, and the temperature may remain low for a dozen hours or more. Salicylate of soda may be given in doses of twenty or thirty grains every four hours, and also causes marked reduction of temperature. But in both cases the reduction is of temporary duration only, and the drug requires to be continued. I have not employed either of these remedies largely in the treatment of enteric fever; and I must confess that my own experience of their use has not impressed me favorably. Of the treatment of other complications I do not propose to speak; and it only remains for me to add, under the head of treatment, that, during convalescence, tonics, and especially the vegetable bitters, are of great value.—*Dr. Bristowe in British Med. Journal.*

TREPHINING.—Three cases of depressed fracture of the skull, in which the trephine was successfully applied, are reported by Dr. H. Blanc, of Bombay, in the Lancet, December 16th. He concludes as follows:

The first case is one of a depressed fracture of the frontal bone, attended by slight concussion of the brain. On the seventh day after the injury the individual, who until then was doing well, was suddenly seized with progressive facial paralysis, dyspnea, etc. These symptoms (taking into consideration the date of their appearance) indicated localized inflammation of the brain, due to the presence of depressed and penetrating fragments of bone acting as a foreign

body. That this was the case, was amply proved by the result of the operation. The relapse which followed a few days afterward was due to the contused brain undergoing suppuration, and owing to a free exit having been made by the trephine the abscess was evacuated externally, and rapid recovery ensued.

In the second case we have to deal with a well-marked instance of functional disturbance of the brain. There was compression of the brain on its convex surface (a piece of bone being firmly wedged in), but unaccompanied by symptoms of compression. The paralysis and contraction which afterward developed were due to disturbed cerebral circulation and to localized congestion rather than to inflammation. This is implied by the rapid improvement that followed the operation.

In the third case there was severe concussion of the brain, with laceration and contusion of the meninges. The very rapid and unfavorable progress of the case made the prognosis a most serious one. Nevertheless, after the penetrating fragments had been removed the further progress of the cerebral inflammation was considerably lessened.

Apart from their diagnostic value, I think that these cases will assist in rehabilitating the operation of trephining the skull in appropriate cases. These three individuals would, in all probability, have succumbed to cerebral inflammation had not operative surgery interfered on their behalf.

Diphtheria and Typhoid.—Dr. Mortimer Granville writes as follows in the Lancet:

As a matter of clinical fact—a fact too commonly overlooked, if indeed it be widely recognized—typhoid fever is *generally* preceded by an affection of the throat, which if minutely examined will be found to be characterized by the presence of minute pellicles of diphtheritic membrane, usually situated on the upper and posterior surfaces of the tonsils, and nearly always accompanied by a few small patches in the fauces. This is particularly noticeable in the Paris fever. There would seem to be a tendency to the development of this membrane in *direct* proportion to the intensity of the poison and the vigor of the "constitution"—if I may use this term—of the patient attacked, and in *inverse* proportion to the rapidity with which the glands of the intestine are infected. To state the results of inquiry—somewhat too dogmatically, perhaps—it may be said when a patient is infected by the specific morbies of diphtheria or typhoid, the poison being the same in either case, it depends on the subject more than the disease whether the malady will take the form of "diphtheria," conventionally so called, or of "typhoid fever." And in a case in which the diphtheritic throat affection is strongly marked at the outset there would be special danger of hemorrhage, not from deep ulceration, but from the rupture of minute vessels during the course of the disease, when the diphtheritic sloughs are thrown off from Peyer's patches—the hemorrhage, if it occur, being preceded by the appearance of exceedingly minute streakings of *bright* blood in the yellow ocher-like (Budd's) portions of the stools.

Another point of interest relates to the susceptibility of patients to diphtheria and typhoid fever respectively. *I believe the two maladies are so related that one may be employed as a prophylactic of the other.* Experiments made on monkeys showed that the malady might be produced in a very mild form by direct inoculation, and, except that the amount of evidence collected was not sufficient for the absolute proof, that when once the organism had been infected with diphtheria it was not likely to have typhoid badly. I have now in recollection cases of the kind in which infection with typhoid subsequent to the infection of diphtheria was sufficiently distinct to cause the subject to communicate the typhoid to other subjects who had the malady fully developed, but only to show the symptoms of typhoid in its own case in a very mild degree.

There is therefore no reason why diphtheria and typhoid *should not coexist*, not as two distinct diseases, but *as one and the same disease in two forms*. It is *not* rare to find these two forms together, but the throat affection is very commonly overlooked. The "spots" of typhoid, if we disregard for the moment the Irish type of the fever, must be considered as bearing a direct relation to the degree of the intestinal affection; I mean the degree of the disturbance set up in Peyer's patches in what may be called the eruptive stage of the disorder. Those who treat diphtheria would confer a benefit on the science of pathology—the pathology of *existing* disease—if they would in all cases look for typhoid spots. I believe there is generally some, though not great irritation of Peyer's glands in diphtheria, and when this is strongly marked there ought to be "spots."

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, JANUARY 20, 1883.

Original.

ON MECHANICAL SELF-PROCURED ABORTION.

BY RUFUS W. GRISWOLD, M.D.

Some months since it went around in the medical papers that Prof. J. W. McLane, of the Twenty-third Street Medical College, N. Y., had made a statement or expressed an opinion to the effect that women could not abort themselves by mechanical manipulation. Exactly what ground the professor meant to cover in thus expressing himself does not appear, but we may reasonably suppose that his intention was to convey an idea of the inability of a woman *enciente* to introduce an instrument through the cervix into the cavity of the uterus to the extent and degree of destroying the integrity of the products of conception. The professor was picked up on this subject and pretty sharply scored, and justly. Some cases were reported, based on good evidence, where self-abortion had been produced by mechanical violence through the vagina *upon* the womb, as by jobbing it with a blunt instrument, for instance, and the like; but it might be said that that class of cases was not intended to be covered by the statement of Dr. McL. But, putting that class aside, if the doctor has not become convinced by his observations among miscarrying women that they sometimes succeed in puncturing the membranes on themselves by the introduction *into* the uterus of a pointed instrument, he has yet to learn something that a great many of his professional brethren of less note and perhaps less ability are quite thoroughly assured of.

The question of the ability of a female to thus abort herself—the question whether or not it is ever done—in a medico-legal point of view is one of great importance. Given a case (and such occur) where this point was involved before a court, and the unanimous opinion of professional gentlemen as medical experts was put before a jury of non-professional men, and it would be likely to carry a verdict contrary to facts; and even if it were not the unanimous opinion of experts, the expressed judgment of the inability of women to abort themselves in the way indicated, coming from a professor of obstetrics in one of the highest medical schools in the country, would, and perhaps deservedly, have very great weight before the court, albeit that judgment was altogether erroneous because not based on fact. That the professor should have been severely criticized by some of his brethren who have been taught by observations what he has not come in contact with, is not strange, and is only just. The matter is quite worth looking into.

And, in the first place, it is well to ask, how are the facts in relation to a case of supposed self-abortion to be got at? In the very large majority of the cases which you are called to attend after they have got well under way, there is little or no good of inquiring into the cause, unless it be to learn whether or not there is some condition of disease at the bottom of it. Disease eliminated as the basis of the trouble at hand, your inquiries will elicit the response that the woman jumped out of a high wagon a few days before, or stumbled over a wash-tub, or wall-papered a high room, or fell down the cellar stairs, or met with some like untoward event; and it is generally well to say, Ah, yes! and let that part of the matter pass along. In rare instances the woman may confess that she has consulted and been operated on by an abortionist; but it is pretty safe to say that in ninety-nine of the hundred cases you are called to who have been to the abortionist, you will be met with a denial of the fact in answer to your query. And even if the woman admits the truth of a procured abortion, you have only her word

for it; and this is something short of an absolute certainty. This absolute certainty can rarely pertain except to the woman and to the operator, since it is not often that a third party is eye-witness to the transaction, though he may frequently be privy to it. The absolute certainty as pertains to the case of a woman who has instrumentally aborted herself, so far as the physician is concerned, is still less likely to be had, since it would be rare indeed for him to have the opportunity of standing by and seeing the "wiring" process performed, though that may be occasionally possible. Aside from this possibility, the main evidence must be the statement of the woman herself, given directly to the physician or indirectly to him through a third person, and that is about the nearest approach to a certainty that is likely to be had. The value of this sort of evidence must depend a great deal upon the circumstances under which it is given, and upon the motives or lack of motives connected with it; but it may come sometimes in such way as to leave in the mind of the attendant little or no room to doubt the truth of it; as in this instance:

Several years back the writer was called to a married woman whom he had attended in five or six confinements, and who justly enough thought that she had plenty of children, and did not want any more. She had aborted at about the third month of pregnancy. The fetus had come away two days before, but the after-birth had not been got rid of, and the woman had flowed close up to the crack of death, her notion having been (and that is a thing quite common) that she would get on with and out of the job without letting any one outside of the house know of it. The doctor had been sent for only after the family had become badly frightened. The placenta was removed, an alum egg put in the vagina and well up against the os, and every thing fixed snug and safe. Next day I said to this woman that she had had a rather close scrape of it, and that that sort of business had its dangers. The substance of the reply was, "Yes, I guess I sha n't try that again; I'd rather have children; but I have known of other women getting rid of babies themselves, and I thought I would venture it." "Did you do it yourself?" I asked. "Yes." "What with?" "A darning needle." Now while I can not swear of my own knowledge that this was a case of self-procured instrumental abortion, I have no doubt of it at all. There might have been some possible motive in such a case for concealing the fact. I can conceive of none in this for the voluntary avowal of it. And this is but one of several instances something like.

There can be no rational doubt that women "post" each other in this matter. It is not an uncommon thing for one married woman to tell her doctor (with whom she is on a very confidential footing) what she knows about what some other woman did who has "slipped her apron-string," and what that other woman told her about how she managed it.

But putting aside what may be learned in one and another way about these cases, it is probable that Prof. McL., and others who might take the same ground he is said to have done, would put forward in defense of their views what they could call the anatomical difficulties in the matter, and predicate their opinion upon the ground that a pregnant woman could not carry an instrument into the uterus through the os and rupture the membranes. It might be said that the position of the womb was such, the os so small and difficult of access in one's own person, that it would be quite impossible to reach it and guide an instrument up to the point necessary to accomplish the result sought. That is just the matter for us to consider.

I am not unaware that with some women there is often not a little difficulty experienced by even very good practitioners in carrying an instrument into the pregnant uterus, minus speculums and other gynecological traps. There is a great deal of glib talk put into printer's ink by some operative specialists when they undertake to tell us how to do things, after the reading of which one might imagine there was no trick at all in the performance of. They get up pictures for us in the books which seem to make the whole thing beautifully simple and perfectly easy of accomplishment; but it is not an infrequent experience with the common run of us, when we undertake the jobs so elegantly delineated and graphically described, that we find more or less, and sometimes a good deal, of difficulty about the affairs. Of course the masters do it all easily enough, but unfortunately we are not all masters. And by the time one has been in practice twenty years or more, if not before, he is likely to make the discovery that in some conditions of pregnancy in *some* women he can't always introduce a sound into the uterus by the sense of touch alone, at the first time trying. Frequent

exploiting around those regions finally reveals the fact that the mouth of the womb is not always to be found in exactly the same position in relation to the vaginal entrance. One time you put your finger directly against the os at the first thrust; another time you go fingering around till you discover it high up in the sacral region, looking downward and backward, and at times more backward than downward, and not at all easy to get into. I have known more than one woman go four or five times to an expert abortionist before getting the relief she sought, or rather, I have had more than one woman say they had, and have no doubt at all they told the truth.

From this it reasonably follows that *some* women would find it very difficult indeed to commit an instrumental self-abortion. But while women are all built on the same general plan, there are a great many differences in the ratio of the parts to each other, and some deviations in their relation. Bringing these differences and deviations to bear on the subject in hand—a woman low in flesh, lax in muscle, with a short vagina, straight up and down in the small of the back, with a womb well down in the pelvis, an os quite or nearly in line with the canal leading to it, and the difficulties of rupturing the membranes may not be very great. Such a woman might abort herself with comparative ease, and perhaps with no more danger than if the job had been performed by a professional. On the other hand, with a woman solid and tense about the muscles of the hips and perineum, with a constricted and rather long vagina, a deep pelvis, the last lumbar vertebra thrown well forward, and a deeply-curved sacrum, a womb high up and the mouth of it looking into or above the middle of the curve—*such* a woman might not be able to abort herself, and of such a woman Prof. McL. may, perhaps, be justified in saying that she could n't. Other things might come into the account of the ability or inability of any given female to accomplish her purpose, to-wit: her courage, her confidence in herself, the degree of her dexterity, the frequency or infrequency of sexual commerce; and beyond these, her knowledge of the anatomical relation of the parts. As to this last matter, while it is without much doubt true that the vast majority of even married females know very little about the anatomy of the organs of generation beyond what is outwardly visible, it is certain that some of them get very well posted as to the vagina and the organ that projects downward into it. A good part of what may be learned by digital examination they find out about, not always in a lascivious way, but sometimes for the sake of the knowledge, and oftener from curiosity. It is not a particularly uncommon thing for a woman who has, or who thinks she has, some "female trouble," to confidentially tell her physician that her womb is thus or so—a condition which she could have learned about only by the touch. This sort of woman knows where the mouth of *her* womb is, and will more readily get a darning needle into it, on what she considers a justifiable occasion, than that other woman who has not progressed so far in the important matter of knowing herself. Besides these women who tell the doctor of what they know, and thus disclose the fact of their self-investigations, there are a great many more who do not tell him, but have learned about it all the same. Whether it were better for all of them that they should not have this self-knowledge is a question we shall not consider in this paper.

One other point I must refer to, because it has a bearing on the subject in hand. The obstetrical and gynecological writers tell us a great deal about the normal position of the uterus and of its os in relation to the entrance of the vagina, and in the vagina itself, as if that normal position was or ought to be always the same, except there be a condition of misplacement throwing the organ out of the proper line. I beg leave to put in here a demurrer. It is all easy enough to talk about where the mouth of the womb *ought* to be, but a great many times when you come to put the end of your finger just where it ought to be it is n't there. Feeling just where you think it ought to be, you occasionally overshoot it, but a great many more times fall short. The fact is—the anatomical and not the pathological fact—the normal position of the entrance to the uterus, gravid or non gravid, in relation to the direction of the canal leading to it, varies in different subjects, and is not always the same in the same person. The organ is not strapped down to an exact position by the muscles. It is a pendulous and movable body, and, subject to well defined limits, is susceptible to variations of place entirely short of any thing properly called a displacement. These variations cover not less than the eighth of the circle. When therefore we talk about the probability of a given female being able to "wire"

herself, we ought to keep this chance of variation in mind, and know what the normal position in the canal of *her* womb is. And beyond this, if we will also keep in mind this other fact, that any number of women having that degree of prolapsus that brings the mouth of the womb in close relation to the vaginal entrance, or of retroversion that does the same thing, still yet in the family-way nearly and perhaps quite as readily as if the receptacle for semen was in its normal line, we shall be able to see that there can be no very great difficulty in *some* women unloading themselves of what they do n't choose to carry to full term.

In consideration of all this, it may be rationally and legitimately concluded that, putting the evidence from the relation of actual cases aside, a philosophical elucidation of the subject from an anatomical standpoint justifies the assertion that when even a learned professor of obstetrics in a first-class medical school puts it down that women can not commit self-abortion by instrumental manipulation he is in error. The personal observation of many a man in the profession will confirm the conclusion of error; but in the case of very many just entered upon practice, and therefore lacking the knowledge on the point that experience gives, to whom the error is not so apparent, it may be well to know, from a logical consideration of the subject, that the operation is quite within the ability of a great many pregnant women. One might find the difficulties quite insurmountable, another would compass them with something of trouble, and a third with no trouble at all. A rational opinion in any given case could be expressed only after a competent knowledge of the physical peculiarities of that case as well before the fact as after it; and whenever any member of the profession, however conspicuous his position or eminent his abilities, lays down as a rule, from which there is no deviation, something that many of us, though living and laboring in comparative obscurity, know to be incorrect, we are justified in the attempt to call him to account and expose the fallacy of his teaching. If Prof. McLane does not know that women can and sometimes do commit self-abortion, it is perfectly safe to predict that he will find it out before he has been many more years in practice.

ROCKY HILL, CONN.

"Science means measurement."

FOREIGN BODY IN THE FOOT.

BY PAUL KEMPF, M.D.

Some weeks ago, J. W., a butcher, called upon me on account of his foot. More than a year ago he tramped upon a nail. This entered through his rubber boot and penetrated the ball of his right foot, at about its center. The pain was intense. The next day a physician was called, who, so he thought, cleaned out the wound thoroughly. It healed rapidly, and the pain disappeared. Several weeks afterward the pain returned and the foot was lanced, when a very small piece of rubber, from the boot worn at the time of the accident, came away. This procedure was repeated after a short length of time, but no other foreign body was found. After this, during ten months, the man suffered occasional excruciating pains, but lasted only a few minutes at a time. A large corn formed over the ball of the foot, immediately behind the great toe, and directly on the inner side of the spot where the nail had caused the wound. It was this corn that the patient thought produced the pain, but after ascertaining the foregoing history, I recommended an incision. This was flatly refused.

Some nights afterward I was called to the patient's house. He tossed himself around on his bed in torture of the most agonizing pains. His screams and groans were unbearable. The fore-part of his foot was *uniformly* swollen, and so tender that the slightest touch imaginable could not be borne. He consented to cutting this time, though reluctantly. The cut, however, was insufficient in depth, and seemingly not over the spot where it would have done the most good. This was due to the incontrollable struggles of the patient, whom large doses of morphine, even, would not quiet, and the absence of a trustworthy assistant to give chloroform. It may be remarked that after the incision the morphine produced partial relief.

On the next morning he was chloroformed by another physician, and I plunged (with my colleague's agreement) a scalpel into the foot directly over the corn, making an incision over an inch in depth, and fully an inch long. A gush of unhealthy pus greeted us. In ten minutes or later, a piece of rubber, which had been lodged in the foot for more than a year, welled up with the pus.

A slippery-elm tent, as long as the incision was deep, was placed in hot water to

render it soft and slimy, and then inserted into the wound. A large flax-seed poultice was applied also. A fresh tent was inserted every twenty-fourth hour, and the poulticing kept up for two days. Pus in small quantity flowed constantly, but no further foreign body could be discovered. The poultices were supplanted by the frequent syringing of the wound by carbolized water, but the tents were continued till the wound had very nearly healed. Each tent was cut shorter than the preceding one. The tent was never allowed to project more than an eighth of an inch out of the wound, as the slightest jar against it would create much pain. The thickened skin, or corn, fell away, the swelling and tenderness gradually disappeared, and the patient is now walking about with a perfectly healthy foot.

The extreme pain, which caused the patient to become delirious, arouses one's attention. It was caused, no doubt, by this piece of rubber, no larger than a fly's head. This probably irritated a nerve filament by direct contact. That it remained in the foot so long without causing suppuration is curious, not being a body at all favorable for encystment.

The slippery-elm tent in this case, in the writer's humble opinion, met indications which nothing else could have done. With the least possible irritation it enhanced drainage, and caused the wound to heal from the bottom. One sees too little of this useful instrument in medical practice, on account, perhaps, of the silence on this subject in text-books. The late surgeon Cowling tried to impress upon his students that upon the carefulness in the minutia of treatment depended success, and he was right.

FERDINAND, IND.

A NOVELTY was introduced by Dr. Austin Flint in his recent lectures before the Philadelphia County Medical Society. To demonstrate the signs obtained by percussion, he used a loaf of brown-bread enveloped in a towel. Absence of resonance or flatness was illustrated by percussing on a loaf of bread, one half of which had been dipped in a solution of gelatine. By filling the vesicles on one side a marked contrast in resonance was made to the other side. Diminished resonance, or dullness, was produced by introducing sticks of candy into the bread. Tympanitic and amphoric resonance was closely simulated by making cavities in the loaf.

Miscellany.

PYEMIA IN THE KANGAROO AND BOA CONSTRICTOR.—Mr. Sutton exhibited to the Pathological Society of London the liver of a kangaroo showing two hundred abscesses on the surface or in its substance. Their walls were surrounded by hard palish material and they contained pus; one had burst on the surface, causing a fatal peritonitis. He remarked that abscesses of the liver were common in birds. His next case was that of a large python, seven feet long, which died four days after its admission into the Zoölogical Gardens, so that unfortunately nothing was known of its clinical history. He found, on autopsy, a large abscess in the neighborhood of the gall-bladder, containing a pint of pus. The pericardium was distended with five ounces of bloody serum containing some shreddy lymph; the liver contained multitudes of minute abscesses. He then demonstrated the circulation in the python, showing how septic matter might travel to the pericardium from an abscess so situated.

[The importance of this item, which we take from the Med. Press and Circular, will be readily perceived by those contemplating going into the kangaroo or python business for speculation, or for market production, or for domestic use. The excellence of the kangaroo ham for the table, and of his sinews for surgical sutures, and the value of pythons as mice and rat destroyers are well known facts—beyond peradventure. But considering the high cost of the kangaroo, and boa constrictor, and their liability to pyemia, we would advise our friends to handle these zoölogical articles very gingerly.]

"NASTY" WEATHER IN ITALY.—"The autumn and winter in Central Italy thus far have beeen rainy and sunless," writes a correspondent of the Med. Times and Gazette. Since October there have been no two days of consecutive sunshine, and few days without more or less rain, while several heavy snowfalls have occurred. The season has been as cheerless a one to people looking for sunshine and a mild winter as they would have found any where on the Atlantic coasts. Florence is full of strangers who are experiencing discomforts that are not to be found in the visions of sunny Italy in which people at home indulge."

[We are sorry for all the sick people there,

but especially for our friend Dr. Marion Sims, who went thither in search of summer air and sky during the winter time. Evidently in Carolina or Florida he would have fared better. Cold weather in Italy is awful. No facilities for keeping warm are to be found. Fuel is scarce. The fireplaces are miserably small, and stoves are almost unknown. Putting on more clothing, excluding all fresh air from the rooms, and crowding together, are the methods adopted by the natives to ward off the cold. Hence, in a large measure, comes the great winter mortality in Italian cities—for they have more or less cold every winter. Invalid Americans and English desiring to die on classic soil can not go to a better place than to Florence, Naples, or Rome, to accomplish their wishes.]

THE first number of the Medical Record, of New York, for 1883, comes to us greatly enlarged and handsomely improved. With larger pages and longer columns, excellent typography, and the superior editorial work with which the profession has long been familiar, this journal is unsurpassed. When, at the approaching meeting of the New York State Medical Society, a quietus is put on the cranky ethical notions which have crept into the heads of our New York confrères and found advocacy in the Record, then our handsome contemporary, adopting the principles of medical ethics which are national, will be a model American medical journal. The number before us reflects great credit upon the editor and the publishers.

THE following gentlemen compose the Board of Trustees of the American Medical Association, to which is intrusted the establishment of the Journal of the Association: N. S. Davis, M.D., President, Chicago, Ill.; E. M. Moore, M.D., Rochester, N. Y.; J. M. Toner, M.D., Washington, D. C.; H. F. Campbell, M.D., Augusta, Ga.; J. H. Packard, M.D., Secretary, Philadelphia, Pa.; L. Connor, M.D., Detroit, Mich.; P. O. Hooper, M.D., Little Rock, Ark.; A. Garcelon, M.D., Lewiston, Me.; L. S. McMurtry, M.D., Louisville, Ky.

THE U. S. Marine Hospital Service has issued a circular to the masters of steamboats plying upon western waters, offering the services of that department for the free vaccination of all the crews of such vessels, and giving suggestions for the burning of infected bedding instead of its being thrown into the water. This circular is called forth by the fact that one hundred and forty-three cases of smallpox were taken from ninety-five vessels during last season.

THE CLINICAL THERMOMETER.—A successful eye-surgeon or a successful dentist always takes care to let his patient see him wash his hands in clean water and dry them on a white napkin taken unfolded from his drawer. Then why should not a physician let his patient see him rinse off his thermometer before and after applying it? There can be no doubt that the anus is slightly the best place for the thermometer in observations of temperature. Yet except in cases of young children, and in very exceptional conditions in adults, the inconveniences far overbalance the slight advantages, and the mouth is now becoming very generally accepted as far the best place. The axilla has one or two advantages that are perhaps rarely thought of. In dry and harsh conditions of the cuticle, not rare in persons requiring frequent observations by thermometer, the cuticle becomes so bad a conductor that even by waiting a very long time the thermometer gives an indication much below that of the mouth at the same time.—*Squibbs's Ephemeris.*

PRACTICAL ANATOMY.—A recent exchange states that in one of the New England States for some time three parallel laws existed. One declared that no person should be allowed to practice medicine in the State unless he had dissected one whole subject. Another act declared that no bodies should be used for dissection except those of executed criminals. By a third enactment capital punishment was abolished. Of course the laws must be observed, both in letter and spirit.

THE AMERICAN MEDICAL WEEKLY, conducted by Dr. E. S. Gaillard, in New York, has been greatly enlarged and improved with the first number of the new year. Recognizing the fact that the profession demands the earliest information possible upon all questions of medical interest at home and abroad, and in the briefest space possible, the editor and proprietor of the Weekly has enlarged it so as to equal in space and pages the largest American weeklies. The price is correspondingly increased to five dollars per annum. In its improved form it is a very handsome publication, and filled with fresh and valuable matter.

The Louisville Medical News.

Vol. XV. SATURDAY, JANUARY 20, 1883. No. 3.

LUNSFORD P. YANDELL, M.D., - - }
L. S. McMURTRY, A.M., M.D., - - - } Editors.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITORS OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

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WINTER HYGIENE OF CHILDREN.

It is within the memory of all our readers when intelligent and well-meaning parents believed that to clothe children warmly and protect them from the severity of the weather would render them effeminate in person and delicate in constitution. Indeed, it is one of the most positive and gratifying evidences of advancing civilization and improvement in popular knowledge of sanitary science that the custom of "hardening" children has been abandoned.

It is the duty of physicians to give heed to these essential features of individual hygiene, and, by instructing parents, lend their influence to the proper management of children during those early years which are known to be the seed-time of health.

With very young children the tendency is to a superabundance of heavy, warm clothing. While children are in fact less fitted to resist extremes of heat or cold than adults, they are always benefited by going in the open air and sunshine. The real difficulty is that it is almost a universal custom to clothe children too heavily in summer and too lightly in winter. The very young are swathed in flannel during the warm season. A result of this habit is a relaxed condition of the cutaneous vessels which invites congestion and cold upon the slightest exposure. Hence it comes to pass that the mother's effort at protection is a veritable invitation for such conditions as are begotten by cold. The proper method is the use of light, warm clothing indoors in winter, and heavy and warm clothing when going out in the cold air. Very young children, occupying baby-carriages, require to be very warmly clad, since they are exposed to the cold without the heat-producing aid of exercise.

When children have reached the age when they can walk and run without aid they should be warmly clad and sent in the open air on the coldest days of winter. With woolen undergarments, thick ribbed stockings and leggins, overshoes, mittens, and cloak, the little ones rejoice in the bracing atmosphere of the coldest day. On coming indoors this heavy clothing should be at once changed.

These suggestions on a comparatively trivial subject may seem quite commonplace, but when we reflect upon what heavy penalties a mother often pays for gratifying a natural pride in dressing the little one so as to display pretty arms, neck and legs, the importance of the subject is appreciable. The true secret of vigorous digestion and healthful development is exercise in the open air in all kinds of weather.

THE OPIUM HABIT.

Some weeks since we called attention in these columns to the responsibility of physicians in administering opium and its alkaloids, particularly by the hypodermic method. We have long been of the opinion that the danger of acquiring the habit by those suffering with painful affections is not fully appreciated by the profession. Since the hypodermic method was introduced into general use the danger has been greatly increased. The following comments upon this very important subject we extract from an admirable paper by Dr. T. L. Papin, re-

cently read to the St. Louis Obstetrical Society:

In looking back over long years of practice, and many of them a very full practice, I have often wondered if, after all, opium and its many salts were not a curse rather than a blessing to humanity. I have at last come to the conclusion that in itself, and properly and prudently used, opium is the greatest possible blessing we possess for the relief of physical pain; that perverted appetites often lead men and women to "try the heaven-born feeling" which opium gives, little dreaming of the hell and devil they are selling themselves to; that doctors, more frequently than we are willing to acknowledge it even to ourselves, are, by their careless and imprudent and indiscriminate use of this drug among their patients, responsible for the habits from which they afterward find it impossible to wean the victims they themselves have led to this hell on earth.

But suppose your patient is habituated to morphia, either hypodermically or by the mouth, how will you cure him? Let him quit short, absolutely and entirely. If he have the will power, trust him; if he cheats, lock him up; put a Hercules over him as nurse—one that you can trust to carry out your orders. All substitutes are simply a prolongation of the agony that he must go through. No; the thing you may use to advantage is the warm, or even only hot, bath, frequently repeated. The patient who quits morphia after a long-established habit suffers from insomnia, diarrhea, nausea, vomiting, achings all over, and debility to such a degree that it is a marvel how he lives. Not only can he not sleep, but with difficulty can he keep his eyes closed. Oh, the long, terrible nights! A moment is an hour, a minute a whole night, an hour a century; all this suffering will last five to ten days. No medicine will do any good; the stomach rejects every thing, even a mouthful of cold water. The patient must be allowed full liberty to roam about his or her room, about the house, in or out of bed, on the lounge, on the floor, no matter what, *only no morphine!* At last, after "several centuries of torture," as the patient expresses it, nature, our master in the art of curing, comes to the poor patient's relief. An hour of sleep is vouchsafed him or her. Then the stomach will bear a few teaspoonfuls of cream or broth. How wistfully he will ask you "if *you* think he'll sleep again to-night?" or "if he'll be able to take food to-morrow?" Then comes a little fever—not much, but very persistent—the diarrhea still is troublesome, probably from the same cause that brings on the fever, an irritable or inflamed mucous membrane of the alimentary canal. Little by little, and *without medicine or substitutes*, nature accomplishes the cure. This terrible treatment of "will control" I am sure, after some considerable experience, is not only the best, but the only safe one—to cure, and to secure the patient from relapse—*ora e sempre.*

Dr. Warren Stone.—Dr. Warren Stone, of New Orleans, died on the 3d inst., at the age of thirty-nine. He bore the name of his distinguished father, who died ten years ago, after a long career of good deeds and honorable service in the profession. The younger Stone inherited the massive physique, generous and sympathetic nature, and practical turn of mind of his father. He also received from his father a knowledge of those sound principles of surgery and therapeutics which had made him one of the most successful and popular of American surgeons. The premature death of the younger Stone will carry a pang of profound regret to a very large circle of friends throughout the South, who admired him for his noble worth, and recognized his eminent capabilities for usefulness and distinction.

The Surgeon-General's Library.—The reduction in the appropriation for the Army Medical Museum and Library, to which we recently alluded in these columns, has, on motion of Mr. Butterworth, been restored to the usual amount, $10,000. It is gratifying to note that in the course of the debate on this bill the highest appreciation was expressed of the Army Medical Museum and Library. After restoring the appropriation, it was the sentiment of every speaker on the floor that provision should be speedily made for a fire-proof building for the preservation of these valuable collections. To Mr. Butterworth, of Ohio, Mr. Hewett, of New York, and Mr. Townsend, of Illinois, the thanks of the profession are due for action in this matter.

Louisville is exempt from smallpox.

Bibliography.

Microscopical Morphology of the Animal Body in Health and Disease. By C HEITZMANN, M.D., of New York, late Lecturer on Morbid Anatomy in the University of Vienna. With three hundred and eighty illustrations. New York: J. H. Vail & Co., 21 Astor Place. 1883.

An examination of this work shows that it is intended for a treatise on physiological and pathological histology; a fact not indicated by the title, which is so broad and indefinite as to include the most abstruse and remote studies in comparative anatomy and physiology, as well as important investigations in human histology, physiological and pathological. A more careful examination of the work demonstrates also that, instead of being a systematic treatise upon histology, it is an aggregation of papers by the author and a number of his pupils, which in most instances have already been published in various medical journals. Four papers by Dr. Louis Elsberg are included in the book, the first of which was published in the Transactions of the American Medical Association as long ago as 1879. The other papers of Dr. Elsberg have long been before the profession. A paper by Dr. Rudolph Tauszky is included in the book. The other additions to Dr. Heitzmann's work are by various persons who have taken his course of instruction in microscopy, and have not as yet by original research or practical knowledge attained an authoritative position in the profession. Some of this part of the book is of value; the greater part of it is only padding, and the practical value of the whole is infinitesimal.

The greater part of the work of which the book is composed has come from Dr. Heitzmann. He is known to be an original investigator, and is generally recognized as an authority in microscopy. Indeed, Dr. Heitzmann is an able, industrious, and persistent worker in this domain of physiology and pathology. We can not say, however, that there is any thing practical in any of his researches. He has so assiduously and continuously devoted himself to microscopical research that the entire world and all the branches of practical medicine appear to him as dancing beneath the object-glass of his instrument.

Dr. Heitzman combats the cell-theory, and, like all the so-called original investigators, is much impressed with the importance of himself and his researches. In the discussion of all scientific topics he is concerned only with his own researches, and manifests a degree of self-appreciation which the world usually terms egotism.

The work is illustrated with engravings made from the author's own drawings, and they are admirable. The chapters devoted to inflammation, tumors, and tuberculosis are of a high order of merit; and those which treat of the urine, the urinary tract, and the genital tract are worth the price of the whole book.

Physicians who are familiar with the practicalities of medicine will appreciate our author's enthusiasm from the following incident, which we extract, though it is not a fair sample of the work. It is almost as amusing as it is absurd:

A young physician fell in love with his cousin, and the cousin reciprocated the attachment; but the physician's *science* prevented him from falling head and ears over in love so as to be blind to consequences, and Dr. H. was therefore consulted. The result we give in his own words: "I examined his blood and told him that he was a 'nervous' man, passing sleepless nights, and had a moderately good constitution. The condition being suspected in the kindred lady, marriage was not advisable, for fear that the offspring might degenerate. So great was his faith in my assertion that he gave up the idea of marrying his cousin, offering her the last chance, viz. the examination of her blood. This beautiful girl came to my laboratory, and very much to my surprise I found, on examination of her blood, a first-class constitution. The next day I told the gentleman, You had better marry her."

One prominent defect in the work is the total absence of systematic arrangement. The conception of the book seems to have been devoid of a plan. It is a mass of matter, some good and much indifferent, gathered together without method or well-defined purpose. It will not be a popular work with that solid element of the profession known as practitioners of medicine who wish to apply to practical purposes the results of scientific investigation.

Fourth Annual Report of the State Board of Health of Illinois. Springfield, Ill. 1882.

The most interesting portion of the report of the State Board of Health of Illinois is that which relates to the Medical Practice Act, the special features of which are familiar to our readers. While the

Board is compelled to recognize all legally-qualified practitioners, it has done a great work in exposing frauds in medical qualifications, and bringing to light bogus diploma organizations. We are not able to see, however, why the Board can not legislate respecting all the flagrant varieties of quackery as well as in improving the standard of the regular medical profession. We honor the Board for its good work, and would like to see its powers extended and its influence increased.

This Board has also done important work during the year with reference to smallpox, being greatly aided by the coöperation of the National Board of Health. Inspection and vaccination have been secured, and the wise enactment is enforced, that after January 1, 1882, no pupil shall be admitted to the public schools without presenting satisfactory evidence of proper and successful vaccination.

For the twelve months preceding the establishment of the immigrant inspection service it is stated that "it had cost municipalities and citizens of Illinois not less than $100,000 to care for outbreaks of smallpox directly caused by these unprotected immigrants. This is the actual money cost, and does not include the constructive cost of injury to business, loss of time, etc. Since the beginning of these inspections there has not been a single outbreak in the State due to immigrants, and only one case among the immigrants themselves."

The citizens of Illinois and the profession have every reason to be proud of the work of the Illinois State Board of Health. The Board is to be congratulated on the results of its labors. It is but proper and just to state that much of the success and efficiency of these services are due to the energy of the secretary, Dr. John H. Ranch. Illinois has the best Board of Health in the Union.

A Large Fibro-cyst of the Uterus and Ovarian Cystoma coexisting with Pregnancy—Operation—Recovery. By Walter Coles, M.D., St. Louis.

Retinoscopy. By R. Maupin Ferguson, M. D., of Louisville, Ky. Reprinted from the American Practitioner of December, 1882.

The City of Mobile and the Gulf Coast as a Winter Resort. By Wm. H. Anderson, M.D., of Mobile, Ala.

Medical Societies.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Stated meeting, December 14, 1882. The President, Dr. James Tyson in the chair.

Stab of Pericardium, Diaphragm and Liver. Exhibited by Dr. Strittmatter.

The specimens were removed from a German laborer aged sixty-two, a patient in the surgical wards of St. Mary's Hospital, under Dr. Mears, who was admitted July 16, 1882. He had been laboring for some days under a mental delusion, and after writing a clear, intelligible letter to his wife and family in Germany, stabbed himself with a clasp-knife in the right side of the chest several times, notwithstanding all efforts of the bystanders. He was at once taken to the hospital, and on admission was much excited, with a rather flushed face, but little shock, struggling to escape from the punishment of his supposed crime. Examination showed two wounds: one over and reaching down to the cartilage of the sixth rib of the right side, about one and a half inch from the sternal border, and about two inches in length; the other half an inch from the border of the sternum, and severing from it the cartilages of the seventh and eighth ribs. A closer examination of this wound showed these two openings through the costal cartilages to be about a line apart; the outer passing downward, outward and backward, the inner, in a direction inward, downward and backward. Through these openings air occasionally passed when the patient respired violently while struggling, causing a high-pitched sucking and blowing sound. Only slight bleeding took place, and that from the integument. Physical signs every where normal except over the lower part of the right lung, where increased resonance was noted, and on heavy percussion a kind of "cracked pot sound" was elicited. Auscultation revealed diminished breathing sounds over the upper part of the right lung, while respiratory sounds were entirely absent over its lower portion. Heart's action rapid and irregular. Heart sounds feeble, especially the first. Pulse 112, respirations forty-two and shallow. There was no sign of internal hemorrhage. Both during inspiration and expiration, when the head and shoulders were raised and he inspired deeply, a peculiar high-pitched blowing sound was occa-

sionally heard a little to the left and below the ensiform cartilage. It did not resemble the sounds produced by gas in the stomach or bowels. Antiseptic dressings were used and morphia given, but he slept little, although nothing was complained of beyond a burning sensation beneath the sternum.

The next morning he was calmer, rational, felt pain only during inspiration, and altogether breathed more easily than during the night, although the physical signs remained the same. The abdomen was tympanitic, the pulse full and moderately strong, ninety-two per minute, respirations thirty-two, and expiration labored with groaning. Temperature, 101.6°. During the next night he grew worse, with restlessness, followed in the morning by cutting pains in the chest at each inspiration, anxious, pinched face, and considerable anxiety as to his condition. Friction sounds were now heard over the whole of the left chest, and on the right side from the apex to the fourth rib. Pericardial friction sounds were also heard. Pulse, 100, full and hard; respirations, forty-eight, with rapid, jerky inspiration abruptly terminating, to be followed by a forced, prolonged groaning expiration. Temperature, 103.2°; evening pulse, 120; respirations, forty-four; temperature, 103.2°.

During the next twenty-four hours all the symptoms, physical as well as rational, of effusion into the pericardium and both pleuræ developed, but although the abdomen was tympanitic, no signs of effusion were detected. Pulse in evening, 120, irregular, intermitting; respirations, forty; temperature, 101.8°. Had a bad night, and next morning seemed much prostrated, with a feeble, occasionally intermitting pulse of 120 per minute; temperature, 102.8°; respirations, forty, labored and shallow. Low, muttering delirium now set in, he sank rapidly, and died at 2 P. M. of the 20th, with a temperature of 105.5°.

Sectio cadaveris: Brain piamater adherent, thickened in patches and opaque, especially on either side of the vessels, which were filled with dark blood over the upper convex surface of the left hemisphere, and there was a slight amount of serous effusion in the subarachnoid space. The ventricles contained a small amount of serum. Chest: On raising the sternum the right pleural cavity was seen filled with a thick and fatty looking effusion, with some bands of recent lymph extending from the lung to the chest-wall. The apex of the lung was quite firmly adherent to the chest-wall. The anterior surface of the lung was covered to the depth of one fourth of an inch with a soft, grayish-yellow lymph. A portion of the back part of the inferior lobe was consolidated. The left pleural cavity was only about half filled with the same thick layer of lymph and adhesion of the apex that was noted in the right lung. No part of the left lung would sink in water. The pericardial sac was distended with fluid, and both upon its inner surface and upon that of the heart was abundance of lymph connecting the two surfaces by drawn out bands of the same. There was a large chicken-fat clot in the left ventricle extending about six inches into the aorta. The right ventricle was filled with blood, with a small clot extending into the pulmonary artery. Examination showed that while there were but two penetrating wounds externally, the knife must have been thrust in repeatedly after partial withdrawal, as there were three openings through the diaphragm, penetrating the liver to the right of its suspensory ligament, and one traversing the lower part of the pericardial sac and entering the left lobe of the liver for about one inch. The other liver wounds were one fourth, one half, and one eighth of an inch deep. There were no traces of peritonitis, although about two ounces of serum were present, having escaped from the pericardial sac through the wound. The liver wounds did not gape, were ununited and surrounded for about an inch in every direction by a brownish-yellow discoloration. The liver weighed sixty-two ounces, spleen enlarged and soft; other organs healthy.

Remarks by DR. MEARS: I was much interested in this case. During life the symptoms of wound of the diaphragm and of the liver were markedly absent, whilst those of injury of pericardium and pleura developed as the interval after the receipt of the wounds increased. The external wounds gave little indication as to the direction taken by the knife after puncturing the thoracic cavity, and, as shown by the post-mortem examination, no information as to the extent of injury inflicted. The absence of symptoms of injury of the diaphragm may be explained by the fact that the wounds were in the tendonous portion of that muscle, and being small did not interfere to any great extent with its function in respiration. In injuries causing laceration of the muscular fibers attached to the ribs, dyspnea occurs as a prominent symptom

by reason of the impairment of the respiratory duty of the muscle. Moreover, the symptoms may have been masked by those referred to the injury of the pericardium, as in wounds of both of these structures dyspnea is a prominent symptom. The knife in one of the thrusts passed through both and involved them in a common injury. The only explanation I can offer of the production of the blowing, or rather suction sound, which was heard under the ensiform cartilage, is that it was occasioned by the passing of air during respiration through the openings in the diaphragm, the air entering primarily the lung-cavity through the external wound. The fact that the air did not pass in and out of the external wound during the act of respiration afforded good evidence that the lung was not wounded. The wounds of the liver were of such character as to make little or no impression beyond what might occur as the result of injury to the coverings and superficial portions. Puncture of the liver with a trocar is frequently performed with a view of evacuating fluids. Instances are reported in which no fluid has been found and no harm has been inflicted by the tapping. Extensive lacerations, the result of gun-shot wounds, or rupture following falls, produce characteristic symptoms of shock and internal hemorrhage.

SECONDARY SARCOMA OF HEART, LUNGS, AND GALL-BLADDER, FOLLOWING PRIMARY AMPUTATION FOR DEPOSIT IN THE FEMUR. Presented by Dr. Willard.

The specimens exhibited were the heart, lungs, and gall-bladder of a female patient aged twenty-one, whose right thigh had been amputated four months previously for a spindle-celled sarcoma of the lower end of the femur. The apex of the right ventricle was infiltrated with a sarcomatous mass which extended into a cavity among the columnæ carneæ, forming an irregular-shaped body occupying one fifth the space. The walls were softened, and but little of a muscular fiber was to be seen at the apical region. The diseased tissue was very soft, and easily detachable, rendering its propulsion into the lungs a matter of exceeding probability at each heart-beat. The walls above the mass were natural in appearance and in thickness, the valves showed no evidence of disease on either side of the heart. The left ventricular and both auricular walls were healthy. The disease had not reached the visceral layer of the pericardium, and there was no abnormal effusion in the cavity of the sac. The septum ventricularum was not involved. That numerous particles had been swept into the lungs was very evident when these organs were examined. At a large number of points in either lung were to be seen white masses varying in size from that of a pin's head to that of an English walnut. Some of these were dense, others were undergoing softening, and in nearly every instance the lung-substance surrounding was so disintegrated that the mass appeared to lie in a cavity containing a dram or more of sanguinolent fluid. A very moderate degree of pressure would cause a nodule near the surface to burst its pleural covering and give rise to an accident similar to the one which was found to have occurred near the right apex. At this point a large sarcomatous mass had excited a degree of inflammation sufficient to fasten the lung to the parietal pleura, and, one week before the patient's death, ulcerating through the serous covering had given rise to an internal hemorrhage that was well-nigh fatal, and gave one symptom of sudden collapse noted in the history. This escaped blood was discovered in the right pleural cavity, confined by adhesions chiefly to the upper portion of the chest. In the week which elapsed between the hemorrhage and death it had coagulated and formed chicken-fat clots and other coagula weighing fully two pounds. The pleural cavity below the adhesions contained about two quarts of bloody serum. There was no consolidation of the lungs save around the diseased foci. The lungs had evidently acted as a complete strainer and had prevented the passage of emboli, for liver, kidneys, spleen, and all other organs were healthy save one small spot in the gall-bladder. The brain was not examined. The primary disease in the femur had apparently resulted from traumatism, since no difficulty had existed previous to a severe fall upon the knee. From this time the pain on walking was continuous, and and four months later there was decided enlargement of the external condyle and swelling in the popliteal space. The chief points of interest in the case were: (1) The traumatism acting as an exciting cause. (2) That the physician who first saw her detected neither fracture nor luxation, nor any thing beyond contusion of the joint. (3) Appearance at the end of four months of a pulsating tumor in the popliteal space, which presented a decided bruit but no thrill. This was due to the lifting of the artery from its bed by the sarcomatous

mass. (4) The non-involvement of the knee-joint, although the nodules had pushed forward the synovial membranes between the condyles posteriorly. The articular cartilage of the femur was intact, although the bone tissue immediately beneath it was extensively diseased. (5) The return of the disease, not in the stump but first in the right ventricle, but to failure in circulation and great prostration, which came on from four to six weeks after the amputation, and without any thing in the condition of the stump to warrant such depression. The patient seemed in articulo mortis, yet there was no pain and no dyspnea, only a feeble, rapid heart-action accompanied by low delirium and weakness. There were no valve sounds audible. These symptoms were due, as shown post-mortem, to the deposit and development of the sarcomatous mass in the heart. Nature, however, gradually accommodated herself to the new growth, and the patient rallied for a time so as to be able to walk on crutches, eat heartily, and consider herself in good health. She got fatter, and only slight dyspnea on exertion, with three or four coughs a day, remained to indicate recurrence of the disease. (6) A sudden, causeless as to exertion, profuse hemorrhage, from the collapse incident to which she rallied and lived one week, with respirations 30 to 37, pulse 130 to 140. (7) The primary and consecutive growths showed a preponderance of spindle-cells, while the secondary nodules were composed chiefly of round cells. (8) The post-mortem examination throws light upon the clinical symptoms, while the great rarity of sarcoma of the heart makes it important to note that there was never any angina pectoris.

In Dr. Ingram's report of a case called carcinoma of the heart, in the Transactions of this society for 1877—the only case ever presented to this society—angina pectoris was indicated as one of the diagnostic points. In the report of the Committee on Morbid Growths, Dr. Ingram's specimen was shown to be really an alveolar sarcoma. Secondary sarcomatous growths of the heart are mentioned by various authors, but the histories give no clinical signs of the growths.

Dr. Barton said that in regard to traumatisms causing morbid growths he considered that they probably had no more causative effect than acting as *exciting causes.*

Dr. Formad asked if the exact nature of the primary growth was known—whether it consisted of round or spindle-cells, since it has been stated that the spindle-celled variety never form metastases.

Dr. Seiler replied that the primary growth consisted of both round and spindle-cells.

Dr. Shakespeare agreed with Mr. Barton as to the origin of the primary growth. He did not think that injuries were any thing more than exciting causes in those predisposed to such growths. The case presented a typical example of the method of metastasis; we have the growth first developing at the knee, whence particles were carried by the veins to the heart, become there lodged, and develop into a tumor, which forms a new center from which microscopic emboli are carried by the blood-current into the lungs, where they lodge and grow into the nodules seen in the specimen. Metastasis of sarcoma occurs by means of the blood-current, while that of carcinoma takes place through the lymphatics.

Dr. Formad could see no other cause for the tumor than the injury of the knee, previous to which the patient had never shown any symptoms of disease of the joint, while shortly after receiving the injury the tumor appeared. The tumor may not necessarily be malignant; there is an inflammation and the formation of cells; the malignancy will depend upon the looseness of the cells and the facility with which they can be transported.

Dr. C. K. Mills then read a paper on the Brain in Epilepsy, which, not admitting of abbreviation, will be shortly published in full.

Dr. Brubaker presented a specimen of tumor of the brain, which, with the accompanying paper, was referred to the Committee on Morbid Growths, whose report, with the paper, will appear at some future time.

C. B. NANCREDE, *Recorder.*

A wise physician, skilled our wounds to heal,
Is worth ten thousand to the public weal.
—*Homer.*

A wise physician, skilled to guard our health,
Is worth ten thousand to the commonwealth.
—*After Homer: Med. Times and Gaz.*

THE SPREAD OF SMALLPOX.—Smallpox has, during the last two or three days, spread from Baltimore to several small ports along the Chesapeake Bay. The disease has also broken out in the lumbering shanties in upper Ottawa, Canada, and the woodmen are dispersing to neighboring districts.

Correspondence.

PHILADELPHIA LETTER.

Editors Louisville Medical News:

The man who commands the largest practice in Philadelphia, and who at the same time is the favorite lecturer on clinical medicine, is Prof. Pepper, of the University. He hardly ever delivers a lecture which is not published. They tell me that he makes up by never writing an article, probably because he lacks the time. The way the doctor thumbs around on patients and brings out the points here and there is astonishing. Nothing but an immense experience and a close observation of disease could have given him his accurate knowledge. We pumped him on his way from the wards to the amphitheater on typho-malarial fever. Dr. Pepper does not believe that there is such a disease. He thinks that cases thus diagnosed by practitioners were either typhoid fever with some malarial symptoms, or simple continued fever. He believes that physicians have confounded complications occurring in cases of disease with disease. Typho-malarial fever so-called is no more a distinct disease than is typho-pneumonia. It should be treated as typhoid fever, and the complications are treated as such, just as they are when occurring in pneumonia, bronchitis, dysentery, etc. And the doctor nodded his head and passed into the amphitheater. He had crushed a favorite idea of mine, and I take revenge by hurling the lesson at the heads of some of my western brethren.

Dr. E. T. Bruen is Prof. Pepper's assistant, and is preparing himself to fill the professor's shoes in the future. He is connected with the dispensary of the Children's Hospital, where he gives instruction to graduates. At several of the meetings I gathered some good points, which are here presented.

A case of hooping-cough in a boy four years of age presented the symptoms of an acute attack of the disease. Dr. Bruen prescribed:

℞ Bromide quinine . . . . . grs. xvi.
Syrup gum arabic . . . . . fl.℥ j.
Syrup ginger . . . . . fl.℥ j. M.

The patient was ordered to take a teaspoonful of the medicine four times a day. If no relief was experienced it was to be increased. The mother was directed to prick a hole with a pin in a piece of paper every time the patient had a severe attack of cough during the day. She then compared the holes made on different days, and if they did not diminish she increased the doses of the medicine up to eight teaspoonfuls a day. As the holes decreased she was to give fewer doses.

A little girl, nine years of age, suffering with obstinate malarial fever was ordered to take half-dram doses of cream of tartar, dissolved in water, twice a day. This was to be followed by quinine. Dr. Bruen thinks that the cream of tartar assists quinine in its action as an antiperiodic.

In a case of mucous diarrhea in a child one year of age Dr. Bruen prescribed what he called his favorite prescription:

℞ Bismuth. subnit., ... gr. lx;
Fl. ext. rhubarb, ... gtt. viij;
Syrup, blackberry, ... fl.℥ ss;
Elixir orange, ... fl.℥ ss. M.

Of this the child was ordered to take a teaspoonful four to six times a day. Proper feeding—barley-water, milk, and limewater—was also directed. Starchy food was positively prohibited.

A little girl, ten years of age, was afflicted with tuberculosis of the apices of the lungs. She was pale, emaciated, and harassed by a cough. The physical signs were those of the second stage of the disease. Dr. Bruen prescribed:

℞ Olei morrhuæ, ... fl.℥ j;
Syr. calcii lactophosphatis, . . fl.℥ ij;
Syr. ferri iodidi, ... fl.℥ j;
Liquor calcis, ... q. s. ad fl.℥ ij.

M. Sig': A teaspoonful three times a day after meals.

As an embrocation, equal parts of cod-liver oil and soap liniment were ordered. The patient was to wear warm flannels and take outdoor exercise. For the cough:

℞ Acid. sulphuric dil., ... ♏ xvj;
Tr. opii deodorat., ... ♏ viij;
Syr. pruni Virgin., ... fl.℥ j;
Aquæ, ... q. s. ad fl.℥ ij.

M. Sig: A teaspoonful or two every two or three hours.

A case of diphtheria in a child two years of age was given:

℞ Tr. ferri chloridi, ... fl.℥ ss;
Acid. acetici dil.. . . . . fl.℥ j;
Liq. ammon. acetat., ... fl.℥ j;
Syrupi, ... q. s. ad fl.℥ ij.

M. Sig: A teaspoonful three times a day.

To be applied locally with a camel's-hair pencil:

℞ Comp. tr. benzoin., ... fl.℥ ss;
Carbolic acid, ... gtt. x;
Glycerin, pure, ... fl.℥ jss. M.

The liniment most frequently prescribed by Dr. Bruen for his dispensary patients is one cupful of vinegar, a half cup of turpentine, and the white of an egg well beaten together. As a stimulating liniment to the chest for pneumonia and bronchitis in children this is excellent. His favorite antiperiodic in these cases is the citrate of iron and quinine. This is also often prescribed as a tonic in anemic conditions where malaria seems to be the cause.

E. J. KEMPF, M.D.

PHILADELPHIA, Jan. 16, 1883.

A SUGGESTION.

Editors Louisville Medical News:

If physicians would, in writing their prescriptions, place at the top of each: For infant, child, youth, adult, etc., indicative of the age of patient, it would save the pharmacist a deal of trouble, questioning, etc., do the physicians no harm, and be appreciated by many druggists. Mention it to them.

Respectfully, SUBSCRIBER.

LOUISVILLE, Jan. 13, 1883.

Selections.

SAFE ADMINISTRATION OF CHLOROFORM. By WILLIAM MARTIN COATES, F. R. C. S.

In the year 1858, I made known to the profession my views on the Safe Administration of Chloroform. By experiments on frogs and observations on patients, I had become convinced that chloroform could only be safely administered by limiting the dose to the smallest quantity capable of inducing insensibility to pain. By repeated trials I found that by means of Snow's inhaler five minims of this anesthetic, followed by ten in twenty seconds, and in forty seconds by fifteen, and then fifteen every minute until the patient became insensible, and afterward an occasional ten minims, sufficed in almost every case to produce and maintain complete anesthesia. Very rarely twenty minims were required. It was found that when fifteen minims were put into the inhaler every minute during the inhalation all the chloroform had evaporated at the end of that time. Although I have, during these twenty-four years, never been prevented administering it by extreme age or infancy, by chronically diseased heart, lungs, or kidneys, I have *not had a death by chloroform*. Considering that I have been surgeon to the Salisbury Infirmary during all these years, and have had during that period a numerous *clientèle*, this evidence will not, I trust, be considered unimportant. I have read the reports of deaths from chloroform, and have not come across one in which this mode of giving it had been adopted. During these twenty-four years I have never refused chloroform in any case pain was anticipated. The scares inducing pressure of the chest, placing the head below the level of the body, etc., have not occurred. Sometimes those who have administered the chloroform have preferred the towel and handkerchief. This I consider dangerous, and now many request that the plan detailed above be adopted. By it the sickness, headache, and malaise, following operations performed under chloroform, are immensely diminished. Some timid patients fancy that the mouthpiece of the apparatus will suffocate them. In such cases I sprinkle ten minims of the anesthetic on a hankerchief, and when it begins to act return to the inhaler. Mr. Matthews has supplied me with three sizes of mouthpieces, surrounded by inflated india-rubber tubes and much better valves. These are much better than those used by Dr. Snow. When the towel or handkerchief is used the dose must be more than doubled, as more than half is lost by evaporation and expiration; but then the atmosphere becomes loaded with vapor, and if danger should arise the chances of life to the patient would be much diminished. It would seem almost unnecessary to give facts or arguments to prove my position, for what would any educated practitioner think of one who, having made up his mind to give a grain of opium every hour for twelve hours, gave twelve grains at once; or, having decided to give twenty grains of chloral every four hours for twelve hours, administered sixty grains at one dose?

I admit that these are extreme illustrations, but the principle is the same. We all know that some patients are prone to be rapidly and profoundly affected by mercury, opium, and chloral hydrate, etc. I am certain that some, and not a few, are dangerously affected by the usual doses of chloroform. Curiously, I have had several illustrations of this in the wards of the Salisbury Infirmary lately. One young woman of twenty-four years of age was completely narcotized by five minims of chloroform. A

middle-aged woman was rendered insensible to pain during an operation lasting a quarter of an hour by seventy-five minims, and a child by ten minims. Had the usual doses been given to these patients, would not their lives have been placed in danger? I think so. I admit that in some cases, by the withdrawal of the anesthetic, opening the windows (which during the inhalation should never be shut), etc., the patient is mostly saved, and the fatal cases reduced to one in a few thousands, but to that one this makes all the difference between life and death.

It has been said above that I have not in one instance refused to give chloroform because of diseased heart, feeling that indications of danger would declare themselves in time to combat them. Two illustrative cases have occurred in private practice during the last few weeks. One was a gentleman, seventy-nine years of age, on whom I performed colotomy. His pulse was very feeble and intermittent. The other case was an elderly lady with tricuspid insufficiency very marked. These cases have an additional interest from my having made an important addition to my usual method of giving the anesthetic. It struck me that it might be useful, in the cases in which the heart showed symptoms of powerlessness, to give a dose of pure ether by inhalation in the same relatively small quantities with the view of rallying this organ. These two cases prove, I think, that this idea is a valuable one. The old gentleman was given chloroform after my method, and when the pulse dropped at all twenty minims of ether were put into the modified Snow's inhaler. The pulse on each occasion answered to the whip instantly, and was firmer and more regular at the end of the operation than at the beginning. The elderly lady suffered from hemorrhoids at both sides of the anus, and from a very painful fissure. She was very anemic, and her skin was of the color so familiar to us in cases of malignant disease. We could, however, detect none. A gentleman who had had much experience in giving chloroform with a towel or handkerchief declined, in consequence of the tricuspid disease and extreme anemia, to be the administrator. As this case was more than usually risky, I requested Mr. Harcourt Coates to operate, I administering the anesthetic. The patient objected to the inhaler. Ten minims of chloroform were dropped on a handkerchief, which was placed over her mouth and nose. She soon became sufficiently unconscious to admit of the use of the inhaler. The operation lasted from first to last half an hour. She was kept insensible to the pain by seventy-five minims of chloroform and the same quantity of ether. Her pulse varied but little during the half hour. When it became a little depressed, twenty minims of ether raised it instantly. In no case since the year 1858 have I had to use galvanism, nitrite of amyl, artificial respiration, or any other mode of resuscitation.

My readers have, no doubt, compared the small doses of ether with those habitually given. May it not be that the same freedom from danger from this anesthetic would be attained if the necessary quantity only was inhaled? Am I rash in concluding that the foregoing facts are calculated to prove:

1. That the plan advocated is rational and consistent with our practice with other powerful remedial agents.

2. That it lessens the dangers and after disagreeable effects of the anesthetic, and so would enlarge the area of its utility?—*The Lancet.*

Two Cases of Albuminuria Cured by Chloral are reported by Thomas Wilson, M. R. C. P., in the British Medical Journal. He concludes as follows: No explanation is offered as to how the chloral was followed by such beneficial results. Suffice it to say that under its use a lady so prostrate that she could not stand, with a dilated heart, albuminuria, and marked edema of feet and legs—indications of a grave constitutional state—has simply been rescued from death. The chloral did not produce any apparent diuresis or diaphoresis.

In another case, a lady sixty-eight years of age, the subject of albuminuria and dropsy, I gave chloral, and had the satisfaction of seeing this line of treatment as successful as in the case which I have reported.

Itching in Icterus.—I should be obliged if some of your numerous readers would kindly suggest any remedy for the intolerable itching of icterus in an elderly lady. I have fruitlessly tried hydrocyanic acid, vaseline, zinc-ointment and glycerine. She herself obtains most relief from warm-water ablutions in the early hours of the morning, or from emollient spongings of cream and water, writes a correspondent in the British Medical Journal.

[A warm mustard bath followed by thorough friction with oil is delightfully efficacious.]

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, JANUARY 27, 1883.

Original.

OBSERVATIONS ON THE MANAGEMENT OF ENTERIC FEVER.*

BY JAMES C. WILSON, M.D.,

Physician to the Jefferson Medical College Hospital, and to the Philadelphia Hospital.

I desire to lay before the college a plan of managing enteric fever, which I have employed during the past year and which, tested by such uncertain but not necessarily fallacious means as are available for a limited series of cases, has yielded satisfactory results.

The object of this communication will, I believe, be best attained by first sketching in outline the plan of treatment itself, next by reviewing the considerations which led to its adoption, and finally by a brief study of the cases. This arrangement of the topics will enable us to economize time.

The Plan of Treatment. The scope of this paper, and the necessity to be brief, debar me from the consideration of the general management of the patient, dietetics, the treatment of complications and sequels and of the prophylaxis, and restrict me, in the main, to the subject of the management by medicinal means. It is, in fact, this part of the treatment that, superadded to the so-called rational and expectant method in general use in this community, differs from the common practice and constitutes the plan in question.

So soon as the patient is found to have enteric fever, or, in many instances, so soon as his symptoms warrant a reasonable suspicion that he is about to develop it, he is put to bed, ordered a diet consisting of milk, animal broths, jelly, and simple custards, in small amounts and at intervals of two to three hours. At night he is given a dose of calomel. This dose varies in amount from seven and a half to ten grains, and is repeated every second evening until three or rarely four doses have been administered in the course of the first six or eight days. It is given alone or in connection with sodium bicarbonate. There is commonly a slight increase of diarrhea, if it be present, without aggravation of the other symptoms, and in some instances the tendency of the temperature at this time to steadily rise appears to be controlled. If, as is frequently the case, spontaneous diarrhea has not recurred in the first week, the calomel usually brings about two or three large evacuations on the day following its administration, not more. In either case the tendency to frequent passages in the later stages of the attack is favorably influenced by the repeated administration of this drug during the first week. If the case does not come under observation until after the tenth day, one only, or at most two doses of calomel are given. No further doses of it are, however, given during the course of the attack unless constipation occur. In this event, if the evidences of extensive or deep implication of the intestinal wall, such as abdominal pain, tenderness or marked tympany are absent, calomel in seven-and-a-half-grain doses is given at intervals of three or four days. If there is reason to suspect serious intestinal lesions, the lower bowel may be more safely emptied of its contents every third or fourth day by enemata of moderate size (eight to ten fluid-ounces). It is necessary to bear in mind that the gravest lesions of the gut, leading even to hemorrhage and perforation, have occasionally been observed in cases characterized, not only by constipation, but also by an entire absence of pain or tenderness, and very moderate tympany. The danger of salivation from calomel in these doses in enteric

*From advance sheets of Transactions of the College of Physicians of Philadelphia.

fever appears to be slight. In only one case in sixteen were the mercurial fetor and slight swelling of the gums observed.

Excessive diarrhea has been controlled by the use of opium, either in suppositories containing one grain, or by the mouth in quarter-grain doses, often associated with bismuth, and given *pro re nata*. It is an invariable rule that the patient be kept in the horizontal position and to the use of the bed-pan and urinal from the time of the recognition of the disease till defervescence is completed. He is, however, turned upon his side from time to time, and made to maintain that position for twenty or thirty minutes, if necessary, being supported by the nurse.

From the beginning of the attack the following mixture is regularly administered in doses of one, two, or even three drops in a sherry-glassful of ice-water after food every two or three hours during the day and night:

℞ Tinct. iodinii, ... fl.℥ ij;
Acid. carbolici liq., ... fl.℥ j. M.

Unless some unusual circumstance occur to render a change necessary, this medicine is not suspended until the attack draws to a close. It is well borne by the stomach and excites no repugnance upon the part of patients. In one case only has it been necessary to omit the carbolic acid on account of the disgust assumed by its odor.

Partly for the sake of its favorable influence on the skin and for the sake of cleanliness, partly because of its favorable though slight influence upon the temperature, the patient is to be sponged twice a day with equal parts of aromatic vinegar or alcohol and cold water. If it is more grateful to him, this sponging may be done with tepid water, the evaporation of an extensive film of water not below the temperature of his body probably being not wholly without a refrigerating tendency.

When the evening axillary temperature reaches 104° F. quinine in massive doses, twenty-four to thirty grains, is given upon a falling temperature. I usually direct eight to ten grains to be given in solution at 5, at 5:30, and at 6 A. M. the following morning. Administered thus at the decline of the temperature in its diurnal revolution, these large doses of quinine depress it from 2.5° to 3.5° F. After the lapse of forty-eight to seventy-two hours, if necessary, the dose may be repeated. If these doses be rejected by the stomach—an unusual circumstance—half the quantity of quinine may be administered hypodermically. For this purpose a citric-acid solution is to be preferred. Since the adoption of the plan of treatment under consideration I have not encountered cases attended with such hyperpyrexia as has rendered attempts to control it by cold baths necessary or even advisable.

The minor nervous symptoms are best held in check by skillful nursing. For the relief of the headache of the first ten days absolute quietude, a dim light, etc. are often sufficient. Occasionally the bromides alone or in combination with chloral are required. Later in the course of the disease chloral is unsafe. From the end of the first week the patient can not be left unattended, even for a few minutes, without risk. Persons in whom delirium was only occasional and transient have in many instances destroyed themselves during the momentary absence of the nurse.

Alcohol is not often indicated prior to the beginning of the third week. It may, however, by reason of the habits of certain patients, be necessary throughout the attack. Although forming no essential part of the treatment, it is commonly administered in varying though usually small amounts toward the close of the sickness. Some patients do well without taking it at all. It is, of course, administered in accordance with well-understood indications upon the supervention of delirium, ataxic symptoms, and the evidences of failures of the forces of the circulation. The patients are carefully watched well into convalescence, and cautioned against too soon regarding themselves as restored to health.

The dangers of the establishment of a focus of contagion are guarded against by the systematic, thorough disinfection of the stools immediately after they are voided.

The considerations which led me to adopt this plan of treatment indicated in the foregoing sketch, are:

1. A feeling of dissatisfaction regarding the expectant method of treating enteric fever. This feeling, vague at first, grew more definite and stronger with increasing clinical opportunities and a fuller knowledge of the natural history of the disease, until it became a motive impelling me to cast about for some different and more satisfactory plan. This feeling has been, during the past decade, a very general one in the profession in all parts of the world, as is attested by an almost endless succession of journal articles setting forth new plans of

treatment, and the use of new drugs in the management of this, the most common and the most important of the acute infectious diseases of the present epoch in medical history. Most of the plans thus suggested have lead to disappointment when tested by the fuller observations of the profession; many of them have failed to attract general attention, and some few are still *sub judice*. Their number and diversity bear witness to a wide-spread distrust of the once well-established expectant treatment. This distrust is, however, based upon something more tangible than a mere feeling of dissatisfaction. The statistics of all observers whose cases have been sufficiently numerous to be trustworthy show enteric fever to be, when treated by the expectant plan, a disease of high death-rate.

The percentage of fatal cases rarely falls below fifteen per cent, and often exceeds twenty-five per cent, according to the hospital records of this country, Great Britain, and Continental Europe. Jaccoud, with a collection of sixty thousand cases, observed a mortality of twenty per cent; Murchison, in twenty-seven thousand and fifty-one cases, 17.45 per cent; Liebermeister, in one thousand seven hundred and eighteen cases, at Basle, under an expectant plan, records 27.3 per cent of deaths. But turning from broad generalizations to personal experience, who is there here that, many times elated by the happy issue of mild or average cases treated by the expectant plan, has not realized the sense of utter powerlessness attending it when he has stood face to face with cases in which *to do* rather than *to wait* has been necessary to save life.

2. Enteric fever is the very type of the general diseases, of affections *totius substantiæ*. The tissues are universally implicated in the morbid processes; no function of the body wholly escapes perturbation. For this reason plans of treatment suggested by the prominence of certain groups of symptoms, or by the known lesions of particular organs, even though of undoubted benefit as far as they go, are in theory unsatisfactory because they are directed in effect against conspicuous manifestations of the cause of the sickness rather than against the cause itself.

While in actual practice the treatment by turpentine, by alcohol, by opium with lead, or the silver nitrate, or by agents capable of controlling the febrile movement, as quinine, digitalis, salicin, and the salicylates, even the cold-water treatment itself, although at times and in the hands of certain clinicians showing favorable results—all these have failed of general acceptance on the part of the profession.

3. The general character of the disease, the specific nature of its cause, the unsatisfactory results alike of an expectant and of a symptomatic plan of treatment, or rather of the two combined, have united to render the idea of a specific treatment, a true cure for enteric fever, a most attractive one to stimulate thoughtful observers to renew again and again the disappointing search for it. To this idea may be traced the treatment by the mineral acids, by chlorine-water, by carbolic acid, by quinine alone, by quinine and digitalis, by iodine, by the potassium iodide, by calomel.

4. Not only is the conception of a specific treatment for specific diseases a most attractive one, and the attainment of such a treatment for enteric fever brought within the bounds of a reasonable hope by the analogy of syphilis and the malarial diseases, but the search after it with due caution and judgment has also the warrant of the very highest medical authority.

Passing by some earlier names, I refer to Da Costa, who has said: "It would be as illogical as absurd to suppose that we shall never possess the coveted means really to cure the continued fevers. Doubtless to the physicians of the time of Charles V. the radical and specific treatment of the malarial fevers appeared as hopeless and remote as the radical and specific treatment of the continued fevers appears to the scientific inquirer of our day."

I refer also to Liebermeister, who, treating about eight hundred cases, part with calomel, part with iodine, had with the former drug a mortality of only 11.7 per cent, with the latter of 14.6 per cent, against 18.3 per cent for cases treated without those remedies, but in other respects upon a similar plan.

Bartholow has also spoken in favorable terms of the treatment by iodine in combination with carbolic acid.

The treatment adopted is thus seen to consist of the use of the two remedies that are proved to exert a favorable influence upon the disease, iodine and calomel, with the addition of carbolic acid in minute amounts. I am aware that no positive conclusions as to the efficacy of particular plans of treatment can be deduced from a limited series of cases. I am also aware that few acute diseases show greater variations in in-

tensity and in the percentage of mortality at different periods and under different circumstances than enteric fever. Nevertheless, I have ventured to occupy your attention with this subject to-night, because the results of the treatment encourage me to hope that its discussion in this way will lead to its trial on a more extended scale. That it amounts to a specific treatment in the narrow sense is not affirmed. It is tentative, provisional, but it is nevertheless to be regarded as a contribution to the subject of the specific treatment of enteric fever.

The *total number of cases treated* by this plan is sixteen; all recovered, one being now in the second week of convalescence.

Of these, eight were severe, the temperature reaching or exceeding 104° F.

Of these eight severe cases, one was characterized by uncontrollable vomiting in the third week. The patient retained no food taken by the mouth for five consecutive days.

One case was very irregular in its course, and was complicated by an obscure abdominal abscess which discharged by the bowel. The temperature in this case, on two occasions, attained 105° F. This case presented the characteristic eruption of enteric fever.

A third case was prolonged by a severe relapse.

Of the eight cases in which the observed temperature did not at any time attain 104° F., and which were therefore looked upon as medium or mild cases, one was complicated by crural phlebitis and another by the occurrence of intestinal hemorrhage.

The average duration of the eight severe cases was about thirty-one days; that of the eight mild and medium cases was about twenty-five days.

Of the whole number, ten were treated in hospital, six in private practice. All from the time of their coming under observation were under my personal care.

In two cases the special plan of treatment was abandoned about the beginning of the third week, on account of the supervention of unusual symptoms of great gravity. These related respectively to gastric irritability and an obscure abdominal abscess.

These sixteen cases are unfortunately not a consecutive series. During the year in which I have had the opportunity of observing them, two other cases of enteric fever have occurred in my hospital practice in which this plan of treatment was not employed. One was that of a man suffering from rheumatism, who, after a stay of several weeks in the wards, and in a bed near that occupied by a patient very ill of enteric fever, was observed to be febrile and to have the typhoid eruption. This person, previously greatly reduced, was not regarded as a suitable subject for a special treatment the efficacy of which was not yet established in my mind. The other was a man who, with an obscure history of a sickness of many weeks, and a very irregular temperature, developed the typhoid eruption, and within forty-eight hours had general peritonitis. These two fatal cases have, however, no bearing upon the result of the treatment.

In private practice several cases of mild continued fever of long duration were treated upon this plan during the past winter. I believe them to have been anomalous cases of enteric fever; but as the rose spots of that disease were absent, and their departure from the typical disease was wide, I have not included them in the above collection of cases treated. They all recovered.

The result of this plan of treatment has not only been satisfactory in respect of the recovery of all the cases treated—an accidental circumstance not liable to mislead persons familiar with the disease—but it has also been satisfactory in respect of the general course of the attack and the appearance of the patient. These were in the main, despite the severe type of the disease in several of the cases and despite the occurrence of grave complications, favorable. I make this statement with due regard to the personal equation, and with no willingness to permit the observed fact to differ from the actual fact; for I desire any who may make trial of this plan to be more favorably impressed with the results of it than they have been impressed with my account of it.

PHILADELPHIA, PA.

PARIS IN PERIL.—The alarming mortality and enormous loss from sickness and depression of business and pleasure-seeking due to the great, though now diminishing, epidemic of enteric fever in Paris, have evidently taught the necessity for a better system of sanitary administration in that city. We hope the Frenchmen will learn wisdom from their present troubles. It would be a vexatious calamity to Americans and English people to have Paris spoiled.

Miscellany.

AUNT BETSY'S "SIMPSONS."—The following perfectly probable if not verbatim report of an old negro woman's enumeration of her woes has gone the rounds of the press for months; but, as it has not appeared in the NEWS, we insert as good, though old:

"My mis'ry, doctor, wuks right up from bofe my legs, an' up frough my stummick, an' den crost my bow'ls, all a shaky an' a wigwaggy! Den my right shoulder, doctor. *Law sakes!!!* Dat yer mis'ry in my right shoulder pow'ful bad sometimes. Den I has shootin' pains all up an' down de spine uv my back, dreafful! an' lumps in my flanks, an' a burnin' all over my right side, an' a roarin'! yes, honey, a awful roarin' in my head, an' de bones all loose in my head. Den I has pains in bofe shoulders, an' my insides dey workin' jes' like maggots!! an' I has a draggin' in my stummick, an' my sistum very bad. Ef you b'lieve me, doctor, dar's a patch of mis'ry in de small o' my back, an' when I stan' up 'pears like my insides dey stickin' to my spine! an' a wal-l'win' in my haid, an' I done got no appetite ter eat, an' 'pears like every minit I gwine frow up my insides. I cain't drink no fresh water; drinks all my water *biled!* In de night you can hear my head a roarin' an' a buzzin', an' den my bowels gits to wukin', an' you kin hear 'em a crackin' an' a blab-bin'! an' dey all a shakin' an' a trimblin'. Den I has a hotness in de bone o' my neck; yes, doctor, right in de bone o' my neck, an' at fuss a *pang* riz right up acrost my neck, an' riz an' *bust!!!* I knowed it wa'n't a blood-wessel, else I 'd a-died *sho!*"

NEW HUMAN ENTOZOÖN, AND A HINT TO EPICURES.—A few weeks back it was announced in our columns that Dr. Patrick Manson, who is now in England, had detected a curious cestode in the human body. (Lancet.) He found twelve parasites in the subperitoneal fascia and elsewhere. How they came there is a matter of opinion, but under the name of Ligula Mansoni the worm was described by Dr. Cobbold at the last meeting of the Linnean Society. The author of the paper stated that probably the infested Chinese had drunk from a pond frequented by water-birds infested by ligules, whose immature stages of growth are passed within the fishes living in the same ponds. Dr. Cobbold alluded to the destructive effects of ligules among the tench living in the ponds of La Bresse. He pointed to the circumstance that Italians were accustomed to eat fish-tapeworms under the name of macaroni piatti, and he expressed the belief that Dr. Manson's patient had swallowed the ciliated embryophors and their contained proscolices which had thus strayed and bored their way into the man's tissues. It is satisfactory to know that they had no concern in the production of the human victim's death.

[Here is an epicurean dish for you, macaroni piatti. Fancy eating tapeworms stewed with cream and cheese! Faugh! Can any one wonder that Italy is what she is among nations? Can it be possible that Cavour and Garibaldi and Mazzini ate stewed tapeworm? No; the thought is too horrible.]

THE DANGERS OF OFFICE-SKELETONS.—The London Medical Press relates the following: The Hon. A. B., a valetudinarian of sixty-five, went to consult a leader of science. The physician was out, but his valet announced that he would be in soon, and, on learning the position of the client, introduced him into his master's private sanctum, so that he might have the benefit of consulting him out of his turn. To pass away the time the patient examined the room, and discovered in one corner an excellently-mounted and complete skeleton. Imagination immediately suggested that this was probably an old patient of the doctor's. He flew at once to the hall-door and rapidly vanished, to the astonishment of the servant and the subsequent annoyance of the physician.

DR. FORDYCE BARKER'S TOAST TO DRS. HOLMES AND BIGELOW.—Dr. Oliver Wendell Holmes and Dr. Henry J. Bigelow: May the effects of the lead poisoning with which the former was saturated in early life be long continued, to add to the happiness and wisdom of the world, and may the latter long labor to crush and wash away the fossils of error in medicine, and especially in surgery.—*Boston Medical and Surgical Journal.*

SMALLPOX IN ATLANTA.—A telegram from Atlanta, Ga., states that smallpox, which appeared in that city two weeks ago, is spreading, and among the whites. No precautions are taken by the authorities to suppress the disease, the pest-house wagon being driven at all times of the day through the most crowded and unprotected thoroughfares.

A Dispensary Torment of Mine.—"J. E. P.," in the London Medical Press, thus graphically pictures in rhyme a pest all dispensary doctors have known:

There 's a patient forever complaining and sick,
And he 's never quite free from the dolorous tic,
Groaning on, groaning on, by no treatment made well,
That was not the patient whose story I tell.
But the invalid never obliged to remain
Confined to his bed, there alone to complain,
Still coming and going his doctor to worry,
And seeming as though he was ne'er in a hurry.
When middling he looked as though out of the sphere
That Nature intended to place him in here;
And when sick, O, my goodness! the doctor was pressed
To try all his cures but the good one of rest.
For he wanted some quinine, black draught, and blue pill,
Some tincture of ginger, and essence of dill,
Paregoric elixir, and lactate of zinc,
And syrup of phosphates in gallons he'd drink.
If calomel touched him he 'd spit for a week,
And potassium chlorate would quickly seek.
If taraxacum failed to relieve him of bile,
He 'd seek for some comfort in pure castor oil.
Then, when coughing, you 'd think he 'd a frog in his throat,
And he 'd tear through the neck of his shirt and his coat;
For he 'd take hippo wine and confection of rose
That would act on his stomach as well as his nose.
If his skin should feel rough he 'd have sarsaparilla;
If his sleep went astray he 'd put hops in his pillow;
If his appetite failed he 'd try gentian and salts,
Or a mixture of Reed & Carnrick's malts.
But what was his illness no mortal could say,
And I 'm sure they 'll not know till it 's nearly doomsday.
Should Providence take him from this world of care,
I'd say, "*Deo gratias*" in most earnest prayer.

Narrow Escape from Drowning in a Breech Case.—The following case is an example of an infant being nearly drowned in the liquor amnii, and illustrates the necessity for remembering this danger in resuscitating a breech case apparently dead. (Dr. Neil Macleod, Shanghai, in British Medical Journal.) The cord was four times round the child's neck, and was uncoiled with great difficulty, when the child began to struggle and I had to bring down the arms and hurry the birth of the head. On being born the child was limp and made no attempt to breathe, the lips were dark and the surface of the body pale; pulsation had ceased in the cord, but the heart could be felt beating. Having ascertained, with the finger, that the mouth and pharynx were clear of foreign bodies, and after slapping the child's nates vigorously but ineffectually, I made use of Sylvester's method of artificial respiration, applied a towel dipped in cold water to the front of the chest, and blew in the child's face, with the result of producing four or five convulsive gasps, having an interval of about a minute between each. I noticed that these inspiratory efforts were accompanied by coarse *râles*, and it occurred to me that the child, in its efforts to breathe before the birth of the head, might have sucked liquor amnii into its respiratory passages. I thereupon laid the child with its epigastrium and lower part of the chest resting on the palm of my hand, while the head hung down on one side, the feet on the other; and at once fluid ran from the mouth and nose, and the child then made several quick respiratory efforts, which were free from the rattling accompaniments. Howard's method of artificial respiration was then made use of, and after a few mimutes the child was crying lustily, and the surface of the body had become pink. The breech presentation was probably the result of the head being noosed to the upper uterine segment from the shortening of the cord.

Dr. H. Macnaughton Jones, of Cork. A special meeting of the General Committee of the Cork Fever Hospital was held on the 21st ult. to receive the resignation of Prof. H. Macnaughton Jones, as senior physician to the hospital. For the past eleven years Prof. Jones has been attached to the institution, but found it impossible, in consequence of new professional engagements, to discharge the duties satisfactorily for the future. The following resolution was unanimously adopted: "That the resignation of Dr. Jones be accepted and his letter of resignation entered upon the minutes; and the committee are unanimous in their expressions of regret at losing the valuable services of Dr. Jones, who has been so long and honorably connected with the institution, and they hope his future career will be as distinguished and successful as his past."

[A great man and a good is Macnaughton Jones, an honor to any guild in any land. We are proud he is a doctor. "May he live long and prosper."]

Medicine—It is radically a sacred profession and connected with the highest priesthoods, or rather itself the acme and outcome of all priesthoods and divinest conquests of intellect here below.—*Carlyle.*

The Louisville Medical News.

Vol. XV. SATURDAY, JANUARY 27, 1883. No. 4.

LUNSFORD P. YANDELL, M.D., - - }
L. S. McMURTRY, A.M., M.D., - - - } Editors.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITORS OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

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VACCINATION.

The prevalence of smallpox with each returning winter season in all the large cities, and the dissemination of the disease along lines of travel and transportation, serve to keep the profession constantly interested in the all-important subject of vaccination. Thorough vaccination has so demonstrated its protective power that we rarely hear now of any one who doubts its worth, or who is willing to dispense with its beneficent offices. The profession is no longer called upon to prove its uses for good and freedom from evil, but the public, having seen whole communities protected from smallpox by efficient vaccination, voluntarily seeks its application from the profession.

With the profession the question for consideration is, shall we use the humanized or the bovine virus? In seasons of alarm, when the demand for virus is very great, there can be no doubt that a quantity of non-humanized virus of inferior quality and doubtful character is thrown upon the market. This should not be urged as an objection to the bovine virus. At these times many persons unskilled in the first principles of the growth, collection, and preservation of the bovine virus engage in the business, and thus unreliable matter is produced and offered the public. The business of vaccine-farming is one which can not be mastered hurriedly, but requires careful study, experience, and extensive arrangements for propagating, gathering, preparing and transporting the material. Hence the appearance in the market of inert matter purporting to be bovine virus should in no wise detract from the merits of this method of producing vaccinia. Upon the other hand, from both a theoretical and experimental stand-point, we know that the humanized virus carries with it numerous possibilities of harmful transmission. Could we command the facilities for arm-to-arm vaccination, whereby the lymph at the proper stage of the development of the vesicle could be inoculated directly in the moist state, it would unquestionably yield most satisfactory results, without danger. But this is impracticable. Vaccination, with the humanized virus, as usually practiced, is fraught with many dangers, and is, in consequence, opposed by a firmly established popular prejudice. To say nothing of the transmission of constitutional taints, and possibly the bacillus tuberculosis, we know that vaccination from the humanized scab involves a risk of septic absorption, which is far from an insignificant danger. These dangers are eliminated by using the lymph from the heifer, carefully removed without being mingled with blood or pus. Vaccination with bovine virus is more expensive, but it is surely safer and more effective.

The cause of failure does not rest alone with the virus. There can be no doubt that the prevalence of smallpox is encouraged by the frequent, inefficient, and unskilled efforts at vaccination. Many persons, supposing that they are protected, have not in fact been properly vaccinated. Much of this state of things comes from intrusting this important little operation to parents and other unskilled hands. The operation of vaccinating, though a very simple one, requires both care and skill for its performance. It is necessary, in the first place, to break or denude the cutaneous surface with-

out hemorrhage and apply the virus, properly moistened, with friction. The friction should be continued until the virus has been forced into the denuded surface, and the surface exposed until quite dry. The virus should be kept in a cool place, and should never be carried in the pocket, where it is warmed by the body-heat. It should also be protected from the atmosphere by being kept tightly packed in cotton. By securing a fresh supply, at short intervals, from the various reliable vaccine establishments, of which there are now several in the United States, the most satisfactory results can be obtained.

THE NEW YORK CODE.

The Dutchess County Medical Society at Poughkeepsie, New York, and Rensselaer County Medical Society at Troy, New York, at their recent annual meetings affirmed their adherence to the code of ethics of the American Medical Association, and instructed their delegates to vote accordingly at the approaching meeting of the State Society at Albany. In the meantime, the Society of the County of Kings (Brooklyn) has, for reasons not stated, rescinded its recent action, by which it instructed its delegates to support the code of the American Medical Association. The delegates of the Society of the County of Kings, as now appointed and instructed, will vote for the new code and in opposition to the code of the American Medical Association.

It is evident that the delegates from the city of New York, and through their influence the Brooklyn delegates, will make a bitter fight for the new code. It remains to be seen whether or not the extra-mural delegates have the pluck and watchfulness necessary to maintain the fair name, the honor, the dignity, and the *esprit du corps* of the oldest and noblest of all the professions. That "the seceders" purpose making a strong fight at the approaching meeting at Albany is evident. The issues involved are, in our opinion, of the utmost importance to every member of the profession. We still believe the better element of the profession in the State of New York will resist the movement to the end.

STATE BOARDS OF HEALTH.

In another column we publish a report of the proceedings of the Michigan State Board of Health, made specially for the NEWS. This report will be found to contain a great deal of interesting matter, and is a fair illustration of the scope of work and important offices of an efficient State Board of Health. With the modern improvements in sanitary science and the means in use for the protection and preservation of the public health, such an organization, appreciative and progressive, is of inestimable value to the people and the public interest.

In our last issue we made some comments upon the valuable services of the Illinois State Board of Health, which is doing such admirable work for the public health and public wealth of that State. We regret that we are unable to place in worthy fellowship with these organizations our own State Board of Health. According to a contemporary, the last annual report of the Kentucky State Board of Health does this State the great injustice of representing a progressively increasing mortality in the State. The last two quarterly meetings for 1882 of our board failed for want of a quorum. It has been rumored that a meeting was held in this city two weeks since, but no account of the proceedings has appeared in either the medical or secular press. We endeavored to obtain some information relative to the proceedings from a member of the board, but failed. When a State Board of Health resolves itself into a close corporation, when a quorum can be had only once or twice during the year, and the press can get no account of its efforts in behalf of the public health and welfare, it may be proper to inquire what return is being made to the people for the annual appropriation consumed.

Bibliography.

Rheumatism, Gout, and Some Allied Disorders. By MORRIS LONGSTRETH, M.D., of Philadelphia. New York: Wm. Wood & Co. 1882.

This work is encyclopedic in character, and constitutes an exhaustive treatise upon rheumatism. Dr. Longstreth is known to the profession as a practical pathologist, and the work before us is rich in the accumulated results of pathological investigation. The title of the book would be more properly adjusted if it were announced as a treatise on rheumatism and some allied disorders, for eighteen of the nineteen chapters of the book are devoted to rheumatism, one chapter only being given to the discussion of gout.

The first chapters are devoted to a historical sketch of the progress of pathological investigation as relating to rheumatism. The author also gives the older ideas as to a definition of this disease and its position in nosology. Here is the definition given:

A definition does not add much to our knowledge of a disease, but it seems to be demanded, serving as a row of pins on which to attach our ideas. Rheumatism is a constitutional disease, attended with febrile disturbance, and with inflammation of structures in and around the joint, and often of other organs of the body, especially of the connective-tissue group. The disease is not infectious. The inflammation does not lead to deposit of urate of soda, does not lead to suppuration, and is erratic or shifting in character; by many is regarded as specific or peculiar, but its peculiarity is evidenced only by so violent an action leaving so little trace behind it.

The author then considers in detail the various forms of rheumatism and classifies its varieties. Although not considering gonorrheal affections of the joints as properly deserving a place among the varieties of rheumatism, but rather a joint disease of septicemic origin, nevertheless this so-called form of rheumatism is given thorough consideration.

The third chapter is devoted to the causes of rheumatism, which are enumerated and treated as hereditary, as relating to age, sex, race, climate, season, occupation, habits, temperament, and constitution. In the following chapter of twenty-five pages the author treats of the pathology of rheumatism. This is the most valuable portion of the entire work. We quote the following paragraph from this chapter as illustrative of the author's method of study:

The conception that disease is but a deviation from the normal physiological type of action, either by excess or deficiency, is of comparatively recent origin, and its essential truth does not as yet seem sufficiently widely extended. Although many abnormal products of diseased action may be present, or even normal ones may vary by excess or deficiency, it is scarcely sufficiently understood as yet that these products are neither the disease nor the cause of the disease. A very great deal of wasted effort has been expended, both pathologically and therapeutically, in explaining and combating the presence or absence of various materials which had far better be employed in considering the cause and the nature of deviated function.

In the description of the course of the disease and the individual symptoms, the author does not excel, in any respect, the work of other writers upon this topic. The chapters on treatment are ample and instructive. A sketch is given of the treatment of rheumatism in the past, which is made to furnish suggestive lessons for present purposes and future guidance. Venesection, cupping, purgation, diuresis and the use of sudorifics are discussed with reference to their respective merits. The blister-treatment, the use of alkalies, of lemon juice, of bromide of potash, and of other drugs are considered, with due recognition of the claims of these various articles. The author regards with marked favor the use of the alkaline remedies in conjunction with quinine, which he terms the "quinia-alkaline treatment."

The value of the modern method of treating rheumatism by salicin and the salicylates, is duly recognized. Concerning the action of these remedies, as attributed to destruction of minute organisms in accordance with the fashionable pathology of the present time, the author says:

"It seems possible to explain the curative effects of the salicyl compounds without calling up the presence of unknown organisms with the prospect of rapid death before them. It is possible to think of disease, not as a foreign entity which takes up its residence in our tissues, producing disturbance and destruction by new and foreign methods. It seems much more likely that disease is a misdirection given to our normal functions by agents other than minute organisms. We have been accustomed to think of disease as changed, depressed, or exaggerated function, but still always to be recognized as function, and not to think of medicine as a ferret sent in to hunt out and destroy an interloper in our bodies. We have always sought to think of medicine as guiding the formative and retrograde processes of nutrition according to the normal physiological methods, and by changing the nervous action or influence to alter the blood supply, which is the fountain of nutritive activity, normal or pathological."

Twenty-five pages are given to the discussion of gout, its nature, pathology, and

treatment. The usual alterative and hygienic methods are advised in treating this affection.

We may safely say that no one can go far astray in following the teachings of Dr. Longstreth's work. If, however, one seeks original work and extensive clinical observation, recorded with a view of giving valuable suggestions of practical nature, such will not be found in this treatise. It is only a compilation, and constitutes a faithful record of the present status of scientific teaching upon an important class of diseases. This is all that can be justly claimed for it. A treatise on rheumatism, consisting of a thorough discussion of its pathology, and followed by a consideration of its treatment, written pointedly and positively, from the stand-point of a clinician, would be a welcome book to the profession. The exact position of the salicylates is not yet fixed in the therapeutics of rheumatism, and the bromide of potash and the alkaline remedies are estimated with any thing but uniform opinion. A clinical study of rheumatism at the present day would doubtless be rich in results.

This book is the October number of Wood's Library of Standard Medical Authors.

An Illustrated Catalogue of Microscopes and other Optical Instruments. R. & J. Beck, Manufacturers, London and Philadelphia. 1882.

We have received from the above well-known house the illustrated catalogue recently revised and republished. It is full of interest to physicians in giving detailed descriptive accounts of the most approved optical instruments and accompanying apparatus. The microscopes and adnexa offered by this establishment are of superior workmanship and finish, and embrace all the requisite apparatus for physiological study and pathological inquiry. The microscope has become one of the essential features of a physician's armamentarium, and for diagnosis in many diseases is indispensable to the practitioner. For a very moderate sum the Messrs. Beck now furnish an excellent instrument, with strong power and of fine workmanship, admirably adapted to the purposes of the medical practitioner. We doubt if any American or foreign manufacturer will ever furnish for a similar sum of money such an instrument as Beck's Economic Microscope. We feel that we are doing a service to the profession in calling attention to the superior merit of these instruments, which may be had at a very reasonable cost, and are particularly adapted to studies in physiology and pathology, as well as the practical researches of the physician. In addition to this, the Messrs. Beck have earned the confidence and respect of the profession by their uniform fairness and honorable dealing—a guarantee of the utmost importance.

The Hospital Treatment of Diseases of the Heart and Lungs, with over Three Hundred and Fifty Formulæ and Prescriptions, as exemplified in the Hospitals of New York City. By CHARLES H. GOODWIN, M.D., New York. 1883. Price, $1.

The author has endeavored in this little book to place in the hands of physicians the methods of treatment observed in diseases of the heart and lungs by the leading teachers and practitioners of New York city. The author has studied closely the methods observed in the treatment of these diseases in the several hospitals of New York. As a rule such works as the one before us, containing a list of formulæ and ready-made prescriptions, are of little value. Dr. Goodwin's work is exceptional, however, containing valuable methods of treatment, embracing the most modern and advanced ideas of therapeutics.

ANNUAL REPORT OF THE KENTUCKY INSTITUTION FOR THE EDUCATION OF THE BLIND, AT LOUISVILLE, KY. Frankfort. 1882.

This carefully prepared document is the annual report of the superintendent of this institution, which has a national reputation in this difficult field of education. It is full of interesting details. Mr. B. B. Huntoon is the superintendent, and Dr. T. S. Bell is the president of the Board of Visitors.

THE AMERICAN JOURNAL OF PHYSIOLOGY. Edited by D. H. Fernandes, M.D. Indianapolis, Ind.

We add with pleasure this bright little journal to our exchange-list. It does credit to both its editor and publisher, and deserves success.

ANNIVERSARY ADDRESS BEFORE THE NEW ORLEANS MEDICAL AND SURGICAL ASSOCIATION. By John Godfrey, M.D., Passed Ass't Surgeon U. S. M. H. S. Reprinted from the New Orleans Medical and Surgical Journal, 1883.

Medical Societies.

MICHIGAN STATE BOARD OF HEALTH.

The regular quarterly meeting of the Michigan State Board of Health was held at its office in Lansing, Michigan, on Tuesday, January 9, 1883, the following members being present: Hon. LeRoy Parker, of Flint, president; Henry F. Lyster, M.D., of Detroit; Rev. D. C. Jacokes, of Pontiac; J. H. Kellogg, M. D., of Battle Creek; Arthur Hazlewood, M. D., of Grand Rapids; John Avery, M. D., of Greenville; and Henry B. Baker, M. D., secretary.

The subject of oil-inspection was brought up, and it was stated that it was alleged that much oil is being sold without being inspected, partly because of there not being enough inspectors, and partly because of the system of payment for inspection which allows a man to receive large pay for his labor performed during the first part of the month, and toward the last of the month, when the fees get smaller, the work is not done. The object to be attained by the inspection should be to insure that the oil used by the remote farmer in his cottage should be as safe to use as that in the city, near the inspector; and it was represented to the board that the cost of inspection could be reduced from $27,000 to $12,000, and yet have all the oil properly inspected, but not without employing more inspectors than are now employed. Dr. Hazlewood and Dr. Baker were appointed a committee to take such action as was considered necessary on the subject of the inspection of oils.

The secretary made his report of work done during the last quarter, mentioning the efforts to prevent the introduction of contagious diseases by immigrants; the distribution of blanks and circulars to officers of local boards of health, providing for their annual reports; the general distribution of the Annual Report of the Board for 1881; the issuing of a circular by Drs. Kellogg and Avery, with a view to collecting all facts respecting the cause and spread of diphtheria; the preparations for a sanitary convention at Pontiac, commencing January 31st; the preparation of articles embracing facts collected respecting contagious diseases in Michigan; also one giving what has been learned by the immigrant-inspection service; also a paper read before a convention at Jackson, on "The Relations of the State Board of Health to Corrections and Charities." A résumé of the work of other State Boards of Health was also presented. It showed that in three counties in California smallpox had been introduced by immigrant cars. The authorities provided an inspection, and have for the present stopped the introduction of this loathsome disease. In Michigan, the expense of such inspection is much greater, on account of the large number of immigrants, and the secretary claimed that the National Government should continue to provide means for such inspection, and thus protect the people from Maine to California.

Senator Conger and Representative Rich have introduced bills in Congress to appropriate $25,000 to enable the National Board of Health to aid State and local boards of health to prevent the introduction of contagious diseases, and their spread from one State into another, by means of the immigrant-inspection service. After reading the above-mentioned bill, the following resolution was passed:

Whereas, This board has long been laboring for the restriction and prevention of contagious diseases in Michigan, which depend greatly upon the existence of such diseases in other States and countries; and as this board has been able to trace several outbreaks of diseases in this State during the past year to immigrant travel, etc., therefore

Resolved, That this State Board of Health urgently requests our members of Congress to endeavor to secure the passage of a bill to appropriate $25,000 for the remainder of this fiscal year, and thereafter at about the same rate, to enable the National Board of Health to coöperate with State and local boards of health and quarantines in efforts to prevent the introduction of contagious diseases into the United States, and their spread from one State to another.

The invitation to hold a sanitary convention at Reed City sometime in spring was accepted.

Analyses of apple-butter and of tinned-copper, such as is used to make wash-boilers, were presented. The apple-butter is often made in such "copper" boilers when they are new. The acid of the fruit attacks the tin, which often contains lead in dangerous quantities, and it is said that the tin lining is eaten off in one or two times using for making apple-butter. The analysis of the apple-butter showed distinct traces of lead and tin, and a faint trace of copper. That portion of the apple-butter in contact with the cap of the fruit jar, in which the apple-butter was sent to the chemist, gave very strong reactions for zinc, doubtless derived from the zinc-cap which screws down upon the mouths of "Mason" fruit-jars. The specimen of tinned-sheet copper used

in making "copper" boilers and other kitchen utensils was analyzed, and the "tin" was found to contain a large quantity of metallic lead—about two fifths of the "tin" was lead. From one square foot of such tinned surface there was obtained the equivalent of one hundred and fifty grains of metallic lead. The ordinary clothes-boiler, such as is used in our kitchens, if made of this "tinned-copper," would have two and a third ounces of metallic lead on its surface, an amount that must have a serious influence on persons who eat acid fruits and juices boiled in such a vessel. Dr. Hazlewood and Dr. Baker were requested to make an investigation into the subject of metallic poisoning by utensils for cooking and storing food.

The city of Hillsdale, Michigan, now requires burial permits. While this subject was under discussion, Hon. Geo. Howell, M.D., a member of the Committee on Public Health of the present House of Representatives, read a proposed bill to promote the public health. He received the thanks of the board. The subject of requiring burial permits and thus securing mortuary statistics before removal of the body of deceased persons, was referred to the Committee on Legislation, with the request to prepare a bill and submit it to the legislature. The board adopted a resolution commending the effort to secure mortuary statistics before the burial or removal of the body of a deceased person; and declaring that the method is applicable to townships and villages as well as to cities.

Many letters from prominent sanitarians in this and other countries were presented, which spoke in a very appreciative manner of the work of this board.

It was moved and carried that local boards of health be recommended to supply physicians, and persons acting as such, with blank notices of diseases dangerous to the public health printed on postal cards.

The Committee on Legislation reported on an act requiring the registration of plumbers.

Hon. James Heuston, M.D., Senator, spoke on the subject of the examination of new dwellings before occupancy, and the following resolution was offered by Dr. Baker and adopted:

Resolved, That the Committee on Legislation, etc., and the Committee on Buildings, public, private, etc., jointly be requested to take into consideration the feasibility of the suggestion made at this meeting by Hon. James Heuston, M.D., for a State law requiring all plans for new dwellings to be submitted to the local board of health for approval.

The Committee on Disposal of Excreta was requested to prepare a pamphlet, for general distribution, on the disposal of slop-water, garbage, etc., in villages without a sewerage system, and from detached dwellings.

The American Public Health Association has recommended making it a penal offense to communicate a contagious disease. The Committee on Legislation was requested to modify the bill so as to name diphtheria, scarlet fever, and smallpox, and get the subject before the legislature.

The special committee on sanitary conventions reported that a sanitary convention was to be held at Pontiac on January 31 and February 1, 1883. Among the subjects to be presented are papers on the limitation and prevention of typhoid fever, the relation of the medical profession to public-health laws, on toy-pistols, the dangers in dirt, and on the contamination of well-water.

The following resolutions (two of them having been passed before) were reaffirmed:

Resolved, That there should be required of all who are to begin the practice of medicine in this State an examination as to their qualifications.

Resolved, That such examinations by the State should be restricted to questions in demonstrable knowledge as distinguished from questions of mere opinion.

Resolved, That, as a public health measure, these two resolutions be referred to the president and secretary, with a request to do what they can to further the objects of the resolutions.

Auditing of bills and other routine business was performed. The next meeting of the board will be at Pontiac, January 31st, and the next regular meeting will be April 10, 1883.

Two cases of tetanus with recovery are reported in the British Medical Journal of December 23d. The first was from a lacerated wound of the back of the hand, followed by tetanus twelve days after. Mr. Sell, who reports it, used chloral and calabar bean. The second was under the care of Dr. Lloyd Owen. The tetanus followed sixteen days after laceration and gangrene of ear. Dr. Owen considers the recovery spontaneous and not attributable to medicine.

THE Kentucky State Medical Society will meet in Louisville in April, under the presidency of Dr. A. D. Price. Dr. Coleman Rogers is chairman of the Committee of Arrangements.

Correspondence.

PHILADELPHIA LETTER.

Editors Louisville Medical News:

Dr. J. Wm. White is considered authority on venereal diseases in Philadelphia. He is Prof. Agnew's assistant at the university. During his clinical lectures at the Philadelphia Hospital the benches are always crowded, for the students like to hear Billy White, not only because he is a popular lecturer, but also because his subject, venereal diseases, is of much interest to the student as well as to the practitioner. Dr. White's lectures are thoroughly practical, the fruit of an extensive experience. Want of space prevents me from giving you more than an extract of the lectures.

Dr. White believes that coition is of benefit in some cases to young men, preferably in wedlock. But there are some cases who find it impossible to marry; and if these ask for advice, what shall we tell them? As physicians and men, we can advise neither masturbation nor fornication. Let the person take this responsibility himself; but if he chooses an evil which he thinks, not without reason, necessary, then advise thorough cleanliness in both sexes. The antiseptic washes, such as nitrate-of-silver solution, etc., are worse than useless.

Dr. White divides gonorrhea into three kinds, irritative or abortive, subacute or catarrhal, and acute or inflammatory gonorrhea. The irritative or abortive type is characterized by a redness around the meatus, a slight milk-watery discharge from the urethra, no great pain, no chordee, and the disease is of short duration. Treatment: absolute rest in the recumbent posture, no urethral injections, light food, and alkaline drinks.

Subacute or catarrhal gonorrhea is generally, though not always, of a chronic form. The discharges from the urethra are milky or gleet-like. Micturition is not so frequent, pain not so great, chordee not so marked, and erections and erotic excitement not so constant as in the acute type. The treatment is absolute rest, alkaline drinks, mild diet, abstinence from all alcoholic drinks and sexual excitement, and other treatment as described in the third variety, if necessary. In some cases of chronic gleet the catheter or long nozzle syringe may have to be used. These cases are very unsatisfactory to treat, and often give rise to sad sequels—strictures, fistulas, etc.

Acute or inflammatory gonorrhea is the most frequent type. A day or two or an hour or two after coition a slight inconvenient pain appears at the meatus, followed by redness and a slight discharge. These symptoms increase to great pain, constant erections, chordee, sexual excitement, frequent micturition, and a thick, milky discharge, which soon becomes purulent. The treatment should be absolute rest from daily duties, and absence from *all* women to prevent sexual excitement. Diet should consist of skim milk for the first four days. No meat or pepper or mustard or salt or sardines or any stimulating diet or drink should be allowed. Alkaline drinks to allay the thirst. Pure, simple, good water is very good; for it not only allays the thirst, but also acts as a diuretic. Prescribe

℞ Bromide potash, ... } āā gr. xx;
Bicarbonate soda, ... }
Tinct. belladonna, ... } āā fl.ʒ ss;
Tinct. hyoscyamus, ... }
Sol. citrate potash, ... fl.ʒ viij.

M. Dose: A tablespoonful every two or three hours during frequency of urination or chordee.

If there is much fever in the case, add a drop of tinct. aconite to each dose of the medicine. If the chordee is severe and the pain great, give large doses of bromide of potash at bedtime. Wash the penis, for the sake of cleanliness, in hot water, and advise the patient to put his penis in a tincup of hot water at every urination. Dress the penis with absorbent cotton, but use no injections.

On the fifth day, if the acute pain has subsided, continue the above treatment and order an injection of the following with vulcanized non-nozzled penis-syringe:

℞ Opium aq. ext., ... gr. xij;
Lead-water, ... } āā fl.ʒ j;
Mucilage, ... }
Rose-water, ... fl.ʒ ij.

S. Direct to be injected warm.

If the case is an obstinate one, prescribe on about the seventh day capsules of cubebs and copaiba of five minims each, or,

℞ Oleo-resin cubebs, ... } āā ʒ ij;
Oleo-resin copaiba, ... }
Mucilage gum arabic, ... fl.ʒ ss;
Oil sassafras, ... gtt. x;
Water, ... fl.ʒ iijss.

M. Sig: A teaspoonful every two hours.

For an injection use the following:

℞ Bismuth. subcarb., ... ʒ ij;
Glycerin, ... fl.ʒ ij;
Rose-water, ... q. s. ad fl.ʒ iv.

M. Shake well and inject while the bismuth is in suspension in the liquid.

If this treatment fails, prescribe the yellow oil of sandalwood of a translucent amber color, ten drops to be dropped upon a lump of sugar and taken three times a day. In these cases, which are generally of the subacute variety, the injection should consist of sulphate or acetate-of-zinc solution.

In gonorrheal rheumatism large doses of quinine, from twenty to eighty grains in the twenty-four hours, combined with the protiodide of mercury, should be given.

The treatment for chancroids is rest, light, nutritious diet, alkaline drinks, and quinine and iron if indicated. Locally, nothing except measures to keep the parts clean. If the sore becomes obstinate and will not heal, or begins to spread very rapidly, apply fuming nitric acid with a glass rod, or bromine, or iodoform. Suppurating buboes should be well opened, and if sinuses result cauterize them.

If a chancre be doubtful in character, treat it like a chancroid till symptoms prove its identity. Non-suppurating glandular enlargements, the rose-colored rash, etc. will decide us to immediately institute constitutional treatment. Dr. White stated that no man can positively diagnose every case of chancre or chancroid. Great precaution is necessary that one does not lose his credit by an improper mistake. Dr. White's favorite prescription is:

℞ Protiodide of mercury, ... ℈j;
Confection of roses, ... ʒj.
M. Make sixty pills.

Direct one to be taken after meals and one at bedtime, or four pills a day, for three days. If no effect on the gums results, give two pills after dinner and supper, or six pills a day. If still no effect, give two pills at each dose, or eight pills a day. As soon as the gums indicate the proper doses, direct them to be taken for some time. A wash of chlorate of potash should also be prescribed. The physiological dose, probably three pills a day, should be taken for eighteen months or two years. After that an occasional dose of iodide of potash for the rest of the patient's life. By doing this the patient will be on the safe side.

When pills can not be taken by patients, Dr. White prescribes the bichloride of mercury in compound tinct. of cinchona. Other cases may require inunctions of mercury—the oleates.

In the secondary and tertiary stages of syphilis the mixed treatment must be directed, such as—

℞ Biniodide mercury, ... gr. jss;
Iodide potash, ... ʒij;
Syrup sarsap. comp., ... fl.ʒij;
Water, ... fl.ʒiv.
M. Dose: A tablespoonful thrice daily.

Mucous patches or syphilides may be dusted with equal parts of calomel, tannin, and starch. Syphilitic ulcers on the legs, which are sluggish and obstinate, are best treated by the local application of citrine ointment spread upon lint. Constitutional treatment is of course also used.

Syphilitic periostitis may occur early in patients whose occupation exposes them to the weather, etc., and who are poorly fed and clothed. The mixed treatment should always be instituted immediately. Local measures will do no good.

A chancre may be in the urethra within the verge of the meatus, which may be mistaken for gonorrhea of the abortive type. Induration, no pain, and the constitutional symptoms will decide the question.

Syphilis may show itself in symptoms as various as malaria, and indeed it is often as treacherous. Therefore definite rules can not be laid down to suit all cases.

E. J. KEMPF, M.D.

PHILADELPHIA, Jan. 20, 1883.

Editors Louisville Medical News:

SIRS: According to the desire expressed by the International Medical Congress at its seventh session in London, 1881, and in consequence of later discussions upon this subject, it has been resolved that the eighth session of the Congress shall be held in Copenhagen.

Especially in order to prevent collisions with other medical congresses, we beg to request that you will already now, in your esteemed journal, draw attention to the fact that the eighth session of the International Medical Congress will take place in Copenhagen during the days from the 10th to the 16th of August, 1884.

We are, sirs, your faithful servants,

P. L. PANUM,
President of the Organizing Committee of the Congress.

C. LANGE,
Secretary General.

COPENHAGEN, December, 1882.

THE New York State Medical Society meets at Albany early in next month.

Selections.

SOME POINTS IN THE TREATMENT OF ACUTE RHEUMATISM—Abstracts of clinical lectures, by James Sawyer, M.D., M.R.C.P., in the British Medical Journal.

Since the approximate perfection of surgical anesthesia, the healing art has won no greater triumph than in the employment of the alkaline salicylates in pyrexial rheumatism. I feel sure that the alkaline salicylates, and especially the salicylate of soda, have the power, in a larger degree than any other drug or combination of remedial measures whatsoever, of greatly abridging the course and markedly mitigating the pain of the simple forms of rheumatic fever. In making this affirmation, I compare the results of salicylates with four distinct and well-known therapeutic plans for dealing with rheumatic fever—namely, by free administration of bicarbonate of potash, by perchloride of iron, by blisters, and by rest in bed and nursing care without drugs. The routine dosage I adopt in rheumatic fever is, to give fifteen grains of salicylate of soda, dissolved in one ounce of water, every three hours. As the patient's temperature falls and the articular pains diminish, the frequency of the dose of salicylate may be lessened; but the remedy should be given, at least thrice daily, for at least a week after the temperature has remained normal and pains have gone. If you omit the drug too soon after defervescence and the removal of pain, the patient is very likely to suffer from a relapse. Relapses are frequent when the salicylate is given up too soon.

I have not observed that the salicylates have either prophylactic or remedial value in the cardiac complications of rheumatic fever. If such complications—endocarditis, myocarditis, or pericarditis, singly or variously combined—occur, they usually become manifest in the first week of pyrexia. For the ordinary endocarditis of rheumatic fever I do not know that any drug is of direct service, excepting, perhaps, a little aconite, if the pulse be of disproportionate frequency. But I am strongly of opinion that the future of a patient who has had acute endocarditis—and by his future, I mean the length of his life and the degree of his suffering from the remoter and almost inevitable effects of endocarditis—is very largely influenced by the way in which he has spent his convalescence from the illness with which such endocarditis at its onset was associated. Prolonged rest, rest in bed for several weeks, or even months, does infinite good after an attack of endocarditis. Such rest nurses the damaged heart; it keeps cardiac action and pulse-rate down, and so promotes the removal of inflammatory products from affected cardiac valves and orifices. The passage of such products into organized connective tissue is a deadly process, irremediably puckering valves and narrowing orifices, and inevitably leading, often very soon, to the fatal mechanical consequences of obstructed blood-flow through the heart. All practitioners, who have had opportunity of comparing hospital practice among the poor with private practice among patients of comfortable circumstances, must have noticed the striking relative tolerance of cardiac lesions by the well-to-do. Such tolerance depends on no single cause; but I believe it has a great part of its explanation in the consideration I have pointed out. The rich are longer in resuming their occupations after a serious illness than are the poor. For pericarditis, I have faith in fly-blisters. I advise you to apply, in the case of an adult patient, a blister (six inches square) over the heart, directly pericarditis is declared. I prefer the old-fashioned emplastrum cantharidis; its slow action, extending over a dozen hours or more, is an advantage. In every case of acute rheumatism take care not to clothe the patient's bed too heavily, but bed him in blankets without sheets, and freely swathe all tender parts with absorbent cotton-wool.

MYXEDEMA.—This disease, which has been discovered during the last decade, presents certain mental and bodily symptoms which are well marked and constant. The mental powers are enfeebled, and at times hallucinations exist. The patient presents the puffy appearance of Bright's disease, but the skin is elastic and resistant. The fingers are knotted, and the temperature of the body is often below the normal standard. Dr. N. S. Hadden gives the following *résumé* of its nature and pathology (Brain, July, 1882) as the result of his study of the affection:

(1) That in the early stages myxedema is essentially a disease of imperfect nutrition, dependent probably on generalized angiospasm. (2) That the solid edematous condition of the skin and connective tissue is due to a form of lymphatic obstruction, which may also be ascribed to vaso-motor

influence, and that the accumulated products undergo changes which result in the formation of mucin. (3) That the condition of the thyroid gland is also to be explained on the vaso-motor hypothesis. (4) That the more severe mental symptoms, such as insanity, occurring in the later stages of myxedema, are due to the alterations in the brain itself. (5) That, although myxedema is a distinct morbid entity, it is probably intimately allied to certain other disorders, such as sporadic cretinism and scleroderma. (6) That the solid edema, which is universal in myxedema, may be localized in various parts of the body, such as the tongue and extremities. (7) That the primary and essential lesion probably exists in the peripheral sympathetic system, and perhaps, too, in the supreme center in the medulla oblongata, this last supposition being based on the occasional occurrence of bulbar symptoms in myxedema.

Extra-uterine Pregnancy.—At the late meeting of the American Gynecological Society Dr. T. Gaillard Thomas read a paper on the above subject, of which the following abstract is given in the American Journal of Obstetrics:

For the pathologist there were many varieties, but for the practitioner there are naturally but three, namely, tubal, interstitial, and abdominal. The history of the twenty-one cases which had fallen under his observation was then briefly given. The symptoms which most frequently led to diagnosis were the symptoms of normal pregnancy accompanied by (1) irregular gushes of blood ceasing and suddenly recurring without assignable cause; (2) fixed grinding pain in one iliac fossa, and perhaps down the corresponding thigh; (3) paroxysmal pains occurring with severity, marked by constitutional symptoms, and in a short time passing off, to recur with increased violence in a few days; (4) symptoms of abortion without an appearance of the fetus; (5) expulsion of membrane without accompanying fetus.

The physical signs which sustained the validity of these symptoms were, (1) increased size in the uterus, and displacement of it upward, forward, and laterally; (2) evidence of vacuity in it, yielded by the sound or tube; (3) the presence, either to one side of the uterus or behind it, of a cystic tumor somewhat painful to the touch, rather immovable, giving to palpation a sense of rather obscure fluctuation, and in some cases yielding the sign of "ballottement." In a few of his cases this sign had been plainly distinguishable; but this had been an exception to the rule, and the evidence against the existence of the condition. In cases of advanced gestation of the ectopic variety, the placental murmur, the fetal heart, and the movements of the fetus will of course present themselves as valuable signs; but in tubal pregnancy, the kind most commonly encountered, death will very generally occur from rupture of the fetal nest before they become at all available.

As to treatment, he proposed simply to give rules which he thought his experience would induce him to adopt in his practice in the future.

1. If an ectopic tumor be discovered, and its nature pretty well settled before the end of the fourth month of gestation, he would destroy the vitality of the child by electricity in preference to all other methods which have been proposed.

2. Should the fourth month of gestation be passed, and surgical interference be called for, laparotomy or, if the tumor be low down in the pelvis, elytrotomy should be preferred to the use of electricity, which leaves a large fetal body to undergo absorption inside the body of the mother.

3. Should the pregnancy be abdominal, the practitioner might watchfully await the full term of gestation, and deliver then by laparotomy or by elytrotomy, combined with the forceps, or by manual delivery.

4. Should full term be passed and the fetus be dead, the practitioner should wait and watch, if possible, until nature demonstrates the outlet by which she desires the extrusion to be effected; then she should be aided. If, on the other hand, bad symptoms under these circumstances be observed, laparotomy under strict antiseptic precautions should be promptly resorted to.

5. Should rupture of the fetal nidus have occurred before diagnosis has been fully made, the practitioner should wait and see whether nature is powerful enough to overcome the shock and control hemorrhage; then, further, if the patient is going to escape the dangers of peritonitis and septicemia. If then favorable results do not occur, or if hemorrhage is about to destroy the patient immediately, or if septicemia attacks her lately, laparotomy, followed by antiseptic cleansing, should be promptly adopted.

Iodoform maintains its popularity as a surgical dressing.

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, FEBRUARY 3, 1883.

Original.

PERINEPHRITIC ABSCESS.

Clinical Lecture at the Louisville City Hospital.

BY J. W. HOLLAND, M. D.

[Reported by W. C. Lipscomb.]

This patient, Burk, age thirty-five years, as you see, walks with a limp. The left thigh is slightly flexed on the pelvis, and his body bent forward, inclining toward the left. He entered our ward a few days ago complaining of a dull, deep-seated pain in the left lumbar region. He dates the beginning of his present trouble as far back as last March, when he was seized with pain in the left side and groin, which pain did not leave him for four weeks. He further informs us that he has had repeated attacks like it, which come on suddenly, often with nausea and chilliness, last a few hours or days, and then suddenly disappear.

Mark the locality and the character of the pain. If he were a woman a question of ovarian neuralgia might arise. As it is, we can come to but one conclusion, and that is that he has been subject to nephritic colic.

For some years, at irregular periods of three weeks or more, some solid mass has passed down the ureter, causing the sudden griping pain in the left groin, the chilliness and nausea. He has often observed a red color about his urine, though no gravel has been voided. After the colics he has noticed copious discharge of whitish urine. The attack of last March was of much longer duration than any previous one; the colic slowly ceased, and in its place a sore feeling was left. He shortly became aware of a tender swelling in the left side. This is the history of a case of nephritic colic ending in obstruction of the ureter. He says that for years he has had some uneasiness in the small of the back, and, on sudden jarring movement, an acute pain will strike him there. I have examined his urine and find it purulent. There are no bladder symptoms, no discharge in the intervals of micturition, and no tube-casts, hence I infer that the pus comes from the pelvis of the kidney and not from any other portion of the urinary tract. When he is stripped you perceive that the left ilio-costal interval is obliterated. I can not grasp the soft structures in the left side because of the construction and deformity. There is a slight difference of contour between the two loins, viewed from behind, but no fluctuation, redness, or "pointing" at the site of the tenderness. He informs us that there was a very decided lessening of pain and swelling about six weeks ago. This swelling was probably due to retention of the urine in the pelvis of the left kidney, and to the further formation of an abscess. That it was not simply hydro-nephrosis the following facts show: During last summer he suffered greatly from chills and night-sweats, and lost twenty-five pounds in weight. Under the circumstances these symptoms, hectic and emaciation, unmistakably indicate suppuration.

But you ask, What has become of the pus? Why does not the abscess point? My answer is that it did point, and did discharge itself at the time when the swelling and pain subsided. A nephritic abscess may discharge in many different directions. It may find an outlet through the abdominal parietes into the bowels, into the hip joint, below Poupart's ligament, into the bladder, into the pleura, or into a bronchial tube. About six weeks ago he had a slight cough, without expectoration, which lasted for a few days, and one night he awoke in a violent fit of coughing and expectorated a great quantity of matter, which he says came so fast that it almost choked him. This cough has continued since. It is decidedly worse when he lies on the back or left side. The sputum is purulent and very unpleasant in odor; not exactly urinous, but worse. He says that the cough brought relief to

his pain, and made walking easier. You inquire, What relation is there between the pylo-nephritis and his walking? Let me remind you of the anatomical relations of the kidney. Remember that it lies directly in front of the psoas muscle. When the perinephritic cellular tissue is inflamed or receives the contents of the ruptured pelvis of the kidney, every movement of the parts to which the muscle is attached causes pain. In consequence there is a reflex tonic contraction of that muscle, hence the limping, hence the bent thigh.

The obliteration of the ilio-costal interval is partly due to this, and partly also to the like action of the transversalis and the quadratus lumborum. I suppose that the abscess burrowed upward under the arch of the diaphragm and entered the thorax. As there was no pleuritic stitch then, and there is now no indication of pleuritic effusion, it is fair to infer that the pus kept to the mediastinal space. There is no dullness of the lower lobe of the left lung. In fact there are no abnormal pulmonary signs whatever, except moist râles in the larger bronchi. It is quite plain that the final irruption took place into the left bronchus. He is thin, sallow, cachectic, losing flesh day by day, and unless some other vent is found for the pus I fear that his lungs will not remain sound long. Hoping to strike the abscess and empty it by the loins, we introduced an aspirator needle for two and a half inches through the quadratus muscle at the point he indicated as the tenderest. It is not necessary to wait for fluctuation. With the assurance we already have of suppuration, it is advisable to evacuate the abscess through the least injurious channel, namely, the posterior abdominal wall, even if several inches of muscle must be penetrated to effect our object. We failed to reach the abscess in our explorations, which have at least done him no harm. The operation is back of the peritoneal reflection, so that there is no risk of peritonitis. For the present we will be content with the administration of tonics and supportives to neutralize the effect of the chronic discharge. He takes cod-liver oil with hypophosphites and whisky and nine grains of quinine daily. Warm fomentations are applied to the loins.

Perhaps the future may develop some new indication for surgical treatment by the pointing of the abscess externally.

Note. During the month of November, Dr. J. M. Holloway aspirated twice to a depth of three and four inches with negative results. In December the abscess broke into the bowels, yielding a great quantity of pus. Since then the cough and the limp have disappeared, and the patient has gained flesh and strength week by week.

LOUISVILLE, KY.

HEART-PUNCTURE AND HEART-SUTURE AS THERAPEUTIC PROCEDURES.*

BY JOHN B. ROBERTS, M.D.

It is more than probable that in a few years puncture of the heart-wall (cardicentesis), with direct abstraction of blood by aspiration, will be recognized as the best treatment in cases of greatly dilated or much distended right heart with intense pulmonary engorgement, and that incision of the pericardium with suture of the heart-muscle will be accepted as proper in cardiac wounds. Hence these latest novelties in cardiac surgery deserve the attention of the fellows of the college.

That punctures of the heart are comparatively harmless has been well known to many for some years. In 1872, Roger, while performing pericardicentesis on a child with pericardial effusion, thrust the needle into the right ventricle and withdrew about six and a quarter Troy ounces of pure venous blood. The boy, who was aged five years, became pale, sweated, and had an imperceptible pulse. The withdrawal of the pericardial fluid, accomplished prior to the heart injury, was beneficial, and the cardiac puncture did no permanent mischief, for the patient recovered. Death occurred five months later from long existing dilatation and valvular disease of the heart. (*Bull. de l'Académie de Médecine.*)

In Hulke's case (Trans. Clinical Society of London), a woman with pleuro-pneumonia was supposed to have large pericardial effusion, and a trocar was introduced through the fourth left intercostal space. Nothing escaped except a dram of venous blood, after which the patient seemed relieved of dyspnea. She died four weeks later from a complication of diseases, and the autopsy revealed cardiac dilatation and valvular changes.

I have said elsewhere (Paracentesis of the Pericardium), in commenting upon this case: "The abstraction of blood seemed to relieve the distended heart much better than

* From advance sheets of Transactions of the College of Physicians of Philadelphia.

phlebotomy would have done, as was evinced by the diminution of threatening symptoms and the decrease of the area of dullness."

Cloquet, Bouchut, Legros, and Onimus have also observed the apparent innocuousness of wounds of the heart made by capillary trocars. Steiner found, ten years or more ago, that electro-puncture needles could be quite safely introduced into either ventricle, provided they were at once withdrawn. (Med. Times and Gazette, from *Archiv. für klin. Chirurgie.*)

It has been considered less safe to puncture the auricles; but the interesting paper of Dr. Benj. F. Westbrook, just published in the Medical Record, seems to show that our fears are as unfounded as were those of our predecessors in regard to ventricular puncture. It is, in truth, to call attention to his case of harmless *intentional* cardicentesis and to his researches in the surgical anatomy of the operation, that I have been led to refer to the corroborative evidence of the cases mentioned above.

I have with much satisfaction, as have many others, done venesection at the bend of the arm for the temporary relief of the distressing symptoms of dilated heart, and for the dyspnea due to the pulmonary engorgement of acute pneumonia. If, however, a few *drams* of blood drawn directly from the heart give the relief that could only be afforded by taking a similar number of *ounces* from the veins of the arm, it seems proper to adopt the former measure. The subsequent circulatory depression from anemia would undoubtedly be less than after the latter operation.

It is manifestly necessary, however, to determine that cardicentesis is innocuous before it can take the place of venesection. The above-mentioned cases and Dr. Westbrook's experience tend to show that such is the fact.

Dr. Westbrook believes that the proper place to perform the operation is in the third costal interspace close to the *right* edge of the sternum. This situation enables the operator to tap the right auricle without injuring the right internal mammary vessels, and with little danger of striking the tricuspid valve. My own preference would be to perforate the ventricle of the right heart by introducing the needle through the fourth interspace, about one and a half to two inches to the *left* of the median line of the sternum. Dr. Westbrook's opinion, however, is entitled to more deference than mine, because he has studied the subject with special reference to cardicentesis, while my special investigations have been limited to the consideration of pericardicentesis.

Further experimentation in heart-puncture for the relief of cardiac distension and pulmonary engorgement is requisite, but it is probable that it will soon become a well-recognized surgical procedure in selected cases. Pericardicentesis has already taken that position, and there is no reason to believe that cardiac surgery will stop its march with the demonstration that the pericardium can be treated as the pleura.

In October, 1881, I read a paper before the Anatomical and Surgical Society of Brooklyn (The Surgery of the Pericardium; Annals of Anatomy and Surgery), in which I advised resection of costal cartilage and incision of the pericardium for the removal of foreign bodies in the pericardial sac, and at the same time said, "The time may possibly come when wounds of the heart itself will be treated by pericardial incision to allow extraction of clots, and perhaps to suture the cardiac muscle."

It seems as if this time had now almost arrived, for Dr. Block has not only expressed the belief that death can be averted in many cases of heart-wounds by simple incision of the pericardium, to allow escape or extraction of the clots which cause pressure and death, but has also undertaken to demonstrate by vivisectal experiments that suture of the heart is a simple operation, and requires but three or four minutes. (American Journal of the Medical Sciences, from *Journal de Méd. de Paris*, from *Gaz. Méd. de Strasburg.*) He finds that opening of the right and left ventricles, and entire compression of the heart for the application of sutures, can be supported by rabbits for several minutes. During suturing he seizes the apex of the heart and draws the organ forward until the traction prevents the escape of blood from the wound. Sutures are then introduced, or the orifice closed by ligation. Even if cardiac pulsation and the respiration stop during this mechanical interference with the heart's movement, death, he asserts, does not necessarily ensue.

These experiments are even more important than the researches spoken of in regard to heart-puncture. I regret that as yet I have not been able to consult Dr. Block's original memoir, but I hope at a future time to do so, and perhaps to be able to report some investigations of my own which I desire to make in the same direction.

PHILADELPHIA, PA.

Miscellany.

CONCERNING OURSELVES.—Of numerous kindly expressions recently noted in our exchanges, we quote the following just received.

From the Medical Age (Detroit):

The Louisville Medical News, an old favorite, comes to us at the opening of the year clad in a new dress and increased in size to sixteen pages each week. We are glad to note this evidence of prosperity, for it is meet, the News being worthy of the cordial support of the profession. May its shadow never grow less.

The Medical Chronicle (Baltimore) says:

The Louisville Medical News has been enlarged, and shows its old sprightliness in its editorial columns.

The Sanitarian (New York) says:

The Louisville Medical News welcomes the new year without gloves; has laid off its outer garment—its cover. The true inwardness of the News is never hard to get at, for it has a right good way of speaking out on all subjects of interest to the medical practitioner, and is characterized by a freshness which is the envy of all its fellows. It has the happy faculty of always being *au courant*, and he who reads it is likely to be well up in medicine. It is a weekly.

OLEIC ACID AND THE OLEATES. — Oleic acid is a product of the manufacture of stearine candles. It has the consistency of a thin oil, has the color of pale sherry wine, a faint, peculiar odor and taste, specific gravity .900, combining weight 282. When applied to the skin it wets it like water, and is almost immediately absorbed.

The oleates of the alkaloids are made by rubbing the alkaloid (not the salt) to a powder in a mortar, and then adding the acid, with trituration, until it is dissolved, when the solution should be poured into a bottle, the mortar and pestle rinsed with fresh acid into the bottle, and enough acid added to make the desired percentage. Oleates should be freshly made. As they are seldom used of full strength, they should be diluted with oleic acid. They are for external use only, although the oleate of quinia may be available for hypodermic use. On being applied to the skin the surface should be covered with oiled silk or rubber tissue. Absorption is usually complete in half an hour.

Oleate of Atropia. Two-per-cent strength. Should be used as an application to painful joints, or wherever a belladonna plaster would be applicable. A drop or two would be sufficient for a single application.

Oleate of Morphia. Five-per-cent strength. This is especially valuable in the case of infants and children, as five or ten drops can be easily applied to the inside of the thighs or the abdomen. Each drop contains about one twentieth of a grain of morphia.

Oleate of Quinia. Twenty-five-per-cent strength. Can be used where it is important to save the stomach. As one or two fluid drams constitute the dose, and as this is too much to apply directly to the skin without its running, it is advised to use pieces of old muslin, six or eight inches square. Such pieces will take up half a dram of the oleate, and can then be applied to the abdomen and inside of the thighs, under oiled silk. As absorption takes places fresh oleate can be added.

Oleate of Mercury. Of twenty-per-cent strength. Is made by putting the yellow oxide and the acid together *in the cold*, and waiting until solution takes place, stirring occasionally. It is a soft solid, like very soft butter. This oleate is the best known of all, and its uses and applications too generally known to need repetition here. Suffice it to say that by its epidermic use the most prompt, the best, and the most easily controlled mercurial impression can be obtained, whereby a remedy often dangerous is rendered, under proper skill and care, comparatively harmless or altogether beneficent in a very large number of cases which can not be very successfully treated without mercurials. This oleate can be diluted with olive oil, or better with oleic acid.—*Condensed from Squibb's Ephemeris.*

DISINFECTANTS—BLUESTONE.—It is well understood by chemists that bleaching agents are usually good disinfectants; that which can so disturb an organic compound as to destroy its color is capable of either arresting or completing the decompositions that produce vile odors and nourish the organic germs of ferments which usually accompany or, as some affirm, cause them. Sulphurous acid is, next to hypochlorous acid, one of the most effective bleaching agents within easy reach. (Medical Press.) Chlorine and hypochlorous acid, which is still more effective than chlorine itself, act in the opposite way, so do the permanganates, such as Condy's fluid, etc. They supply oxygen in the presence of water. It is curious that opposite actions should produce like results. These disinfectants are, however, objectionable on account of their odors and their corrosive action upon metals; but the desired

end may be attained without these annoyances. Sulphate of copper, which is not patented or "brought out" by a limited company, may be bought at its fair retail value of 6d. or less per pound (the oil-shop name for it is "blue vitriol"), in crystals readily soluble in water. By simply mopping the floor with a solution of these green crystals, and allowing it to soak well into the pores of the wood, they cease to become a habitat for specific poisons. The solution of sulphate should not be put into iron or zinc vessels, as it rapidly corrodes them and deposits a non-adherent film of copper. It will even disintegrate common earthenware by penetrating the glaze and crystallizing within the pores of the ware, but this is the work of time (weeks or months). Stoneware resists this, and wooden buckets may be used safely.

SCHMIDT VS. THE BACILLUS.—The long-looked-for and much-announced paper by Schmidt, of New Orleans, in which he was to show that Koch did not know the difference between a bacillus and a fat crystal, has at last arrived, being the leading article in the December issue of the Chicago Medical Journal and Examiner.

After a careful reading of the paper we are obliged to confess that Dr. S. has most signally failed in his attempted demonstration. He figures plenty of fat crystals, about whose identity there can be no matter of question, but he nowhere shows that these are what Koch and others have called *bacilli.* Bacilli are entirely different in size and shape from these crystals, while their response to color-tests is equally conclusive of their lack of identity. The existence of the bacillus can not be denied, but there is abundant opportunity for investigation into its pathological significance,—*Columbus (O.) Medical Journal.*

INEBRIETY.—Dr. T. D. Crothers, in the Alienist and Neurologist, thus summarizes an interesting study of inebriety and the underlying nervous phenomena: (1) Neuratrophia and neurasthenia are conditions of the brain and nerves which strongly predispose to inebriety by preparing the soil and germ forces, which, from the slightest exciting causes, develop inebriety. (2) Alcohol, as a remedy for these conditions of neuratrophia, is a narcotic of most seductive power, which not only hushes the pain, but increases the very degenerations for which it is taken. (3) A recognition of neuratrophia as an active cause of inebriety will give clear indications of the prognosis and treatment. (4) Inebriety and its treatment can not be understood except from an accurate clinical study of cases, extending back and covering all the history of the person before inebriety appeared, including all conditions which have been formative and entered into his life.

THE NEW YORK MEDICAL SERIALS.—The recent expansion lengthwise of several of our New York contemporaries is one of the notable events of the opening year. The New York Medical Journal has developed from a short and fat monthly into a long and thin weekly. The American Medical Weekly has also expanded in its various dimensions, but it has been reserved for the New York Medical Record to exfoliate into the most lengthy folio of all. If the secret history of this rapid growth could be divulged, as originally designed and mysteriously secreted until its consummation in the mental recesses of competitive publishers, it would be interesting to note how anxiously each must have watched for the increment of paper promised by the others, in sanguine expectation that something more imposing might still be evolved. Possibly these journals are only in a transition state, and blanket sheets may be evolved in the near future.—*College and Clinical Record.*

THE PAINLESSNESS OF DEATH.—It has long been taught by physiologists that the term "agony of death" misrepresents the mental condition at the moment of dissolution. The facial expressions often indicate distress, but it is well known that muscular contractions continue long after the sensorium has ceased to recognize impressions. An exchange remarks: At birth the babe undergoes an ordeal that, were he conscious, would be more trying than the most painful death, yet he feels it not. Born in an unconscious state, the brain incapable of receiving conscious impressions, his entrance into this hitherto unknown world is accomplished during a state of oblivion known as Nature's anesthesia:

> "Painless we come, whence we know not—
> Painlessly we go, whither we know not!"

BEFORE HIS TIME.—A medical man practicing in Dantzic recently undertook the resection of the lung of a young female patient, with the consent of her parents. (British Medical Journal.) The *St. Petersburger*

Medicinische Wochenschrift understands that, through the denunciation of two colleagues, the case, which ended fatally, will be made the subject of judicial inquiry; all parties, however, appear to admit that the attempt of the surgeon was made in perfect good faith, and in the full belief that it gave the patient a chance of recovery from otherwise incurable lung disease. Was the surgeon's conduct simply foolhardy and entirely reprehensible, or was he, on the other hand, before his time? It is by no means impossible, judging from analogies that abound in scientific literature and biography, that works may appear, one century hence, treating of resection of the entire lung as a recognized operation, and recording how, in the nineteenth century, the first pneumotomist got into trouble. Some, though not the majority of innovators, live to see their views and their practices established. In any case, full inquiry and fuller details of the Dantzic operation are imperatively demanded.

Prof. Tyndall is lecturing at the Royal Institution in London on "Light and the Eye." We doubt if any popular lecturer on scientific topics can combine so much simplicity with technical knowledge as does Professor Tyndall. The subject mentioned will furnish a most attractive theme for the exhibition of his great powers as a lecturer.

A Large Brain.—Sixty-two and a-half ounces of brain belonged to a late Leadville, Colorado, gambler, who betrayed no greater excess of greatness than belonged to the Louisville, Ky., baker, who died some years ago, with a brain larger than Webster's, Cuvier's or Abercrombie's.—*Alienist and Neurologist.*

Official List of Changes of stations and duties of medical officers of the U. S. Marine Hospital Service, October 1 to December 31, 1882:

Bailhache, P. H., Surgeon. Present detail continued until further orders, October 6, 1882. To proceed to Louisville, Ky., as Inspector, October 13, 1882. Granted leave of absence for thirty days, November 10, 1882.

Vansant, John, Surgeon. Granted leave of absence for twenty days, November 18, 1882.

Hutton, W. H. H., Surgeon. To proceed to Louisville, Ky, and assume charge of the Service, October 7 and 14, 1882.

Miller, T. W., Surgeon. To continue at present station until further orders, October 6, 1882.

Long, W. H., Surgeon. To proceed to Detroit, Mich., and assume charge of the Service, October 7 and 14, 1882.

Wyman, Walter. To inspect keepers and crews of the Life-saving Service, October 5, 1882.

Murray, R. D., Surgeon. Having returned from service in the yellow fever epidemic in Texas, to report in person to the Surgeon General, M. H. S, December 4, 1882. Granted leave of absence until February 28, 1883, December 19, 1882.

Fessenden, C. S. D., Surgeon. To proceed to St. Louis, Mo., and assume charge of the Service, October 7, 1882.

Purviance, George, Surgeon. To inspect keepers and crews of the Life-saving Service, October 21, 1882.

Sawtelle, H. W., Surgeon. To proceed to New York, N. Y., and assume charge of the Service, October 7, 1882.

Austin, H. W., Surgeon. To inspect keepers and crews of the Life-saving Service, October 5, 1882.

Fisher, J. C., Passed Assistant Surgeon. Present detail continued until further orders, October 6, 1882. To proceed to Alexandria, Va., as Inspector, October 21, 1882.

Heath, W. H., Passed Assistant Surgeon. Granted leave of absence for fourteen days, December 28, 1882.

Porter, F. D., Passed Assistant Surgeon. To inspect keepers and crews of the Live-saving Service, October 5, 1882. To proceed to Evansville, Ind., for temporary duty, November 21, 1882. To proceed to Charleston, S. C., and assume charge of the Service, December 21, 1882.

O'Connor, F. J., Assistant Surgeon. To proceed to Norfolk, Va., for temporary duty, October 14, 1882. To rejoin his station (Detroit), November 4, 1882.

Wheeler, W. A., Assistant Surgeon. Relieved of duty at Charleston, S. C., and placed on waiting orders, December 22, 1882.

Armstrong, S. T, Assistant Surgeon. To examine keepers and crews of the Life-saving Service, October 5, 1882.

Bennett, P. H., Assistant Surgeon. To examine keepers and crews of the Life-saving Service, October 5, 1882.

Ames, R. P. M., Assistant Surgeon. Granted leave of absence for twenty-one days, November 23, 1882.

Devan, S. C., Assistant Surgeon. To examine keepers and crews of the Life-saving Service, October 13, 1882. To inspect unserviceable property at the San Francisco Marine Hospital, October 20, 1882.

Kalloch, P. C., Assistant Surgeon. To inspect keepers and crews of the Life-saving Service, October 5, 1882.

Frozen Stiffs.—The professors of anatomy in the Royal College of Surgeons in Ireland—Profs. Thornley, Stoker, and Cunningham—have taken advantage of the recent severe weather, and have made a large number of sections of the frozen human body, says the London Medical Press.

[If architecture is frozen music, as has been said, then may we not claim that congealed cadavers are crystallized anatomy?]

The Louisville Medical News.

Vol. XV. SATURDAY, FEBRUARY 3, 1883. No. 5.

LUNSFORD P. YANDELL, M.D., - - }
L. S. McMURTRY, A.M., M.D., - - - } Editors.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITORS OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

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MEDICAL EDUCATION IN BALTIMORE.

Baltimore is the seat of the Johns Hopkins University, which has kept the professional public in a state of uneasy expectation concerning the plan of the medical department for several years past. So much has been written and said of the advanced position which this institution will assume in this regard, and so little has actually been done during all these years, that professional expectancy has begun to settle down into indifference. Indeed, the authorities of this institution have been so extremely deliberate in the execution of their plans that the members of the profession have long since begun to doubt if the medical department is intended for the present generation. Its means, however, are immense, and its possibilities grand; and it is to be hoped that it will yet do a great work in medical education in America. The present generation of American physicians is thoroughly realistic, and is convinced more by demonstrative evidence than otherwise. In the mean time the University of Maryland and the College of Physicians and Surgeons are pursuing the even tenor of their way, coming up to the advancing standard of our system of education, with classes not large, but goodly in number and appreciative in character. But it is reserved for another institution in Baltimore to present something unique and remarkable among its special claims for favor and patronage. Its announcement begins with this clause: "The Baltimore Medical College is a Christian medical school for the medical education of both sexes." While the utmost respect is paid to modern religious belief of all creeds and sects in medical institutions, it is interesting to wonder at this distance what are the distinguishing features of this institution which announces itself as set apart from other colleges and claiming to be a "Christian Medical School." We first thought this high claim to virtue must refer to uniform and unvarying rates of tuition; and then we wondered if its chairs were filled with teachers not occupying at the same time positions in other medical colleges. The day is past when we would consider the matter of two graduating courses in one year. And then we wondered if it meant to emphasize the fact that patients were present at the regular clinical lectures. While in the midst of this study, and following out these various suggestive probabilities, we received the February number of our esteemed contemporary, the Medical Chronicle, of Baltimore, in which we find this note: "We take great pleasure in announcing the definite withdrawal of Dr. Jos. T. Smith from the Chair of Anatomy in the Baltimore Medical College. The remaining members of the Faculty of that institution must be getting awfully lonesome."

We would have the kindly reader note, when he reads of post-graduate schools, polyclinics, "Christian Medical Schools," etc. that it is not the West or South which furnishes the anomalies and curiosities in American medical education.

THE PROPOSED JOURNAL.

The Board of Trustees appointed by the American Medical Association with a view to journalizing the Transactions of the Association met at the Grand Pacific Hotel in

Chicago on the 17th ultimo. This board has been energetically engaged in forwarding the work with which it is intrusted since the last session of the Association at St. Paul. The recent meeting of the board was held for the discussion and decision of the most vital and important details looking to the establishment of a weekly journal to be known as the Journal of the American Medical Association.

We learn that the response of the profession to the recent circular issued by the board was very encouraging, and will justify the establishment of the journal by the national association. It is quite probable that Chicago will be selected as the place of publication, and the journal will doubtless be issued immediately after the next meeting of the association. The all-important matter of an editor, his duties, and his staff, was discussed in detail, but, it is understood, was not positively determined. In the meantime, every one interested in this enterprise—and what American physician is not?—should write a postal card to the chairman of the board, Dr. N. S. Davis, 65 Randolph Street, Chicago, and indicate his willingness to support a work of national character and infinite possibilities.

AMERICAN ENERGY.

Mr. Seymour Hayden, a well-known English surgeon, during his recent visit to this country, made the following remarks concerning the prominent American characteristics in the course of a speech at the Lotos Club in New York:

> Strange to say, that very reputation for energy which has been found fault with by Herbert Spencer has been a great attraction for me, in the visit which I am now paying you. I only wish that we had a great deal more of it on our side of the Atlantic. I disagree *in toto* with Mr. Herbert Spencer. It has been my business and my pleasure to see the effect of work, and to judge of it, and I can honestly say that I never saw, in all my professional career, the least injury to life or health result from what Mr. Spencer calls overwork. Only the other day, just before I left England, I was met in consultation by one of the most eminent physicians in London, Sir William Gull. The case before us was that of a man who was said to be suffering from overwork. I asked Sir William Gull if he had ever met with a case of mischief or injury arising from this cause, and he said he had not. So for once, at least, the doctors agreed.

The Louisiana State Board of Health, an organization singularly cranky and combative, has recently attempted to suppress the Auxiliary Sanitary Association of New Orleans. This latter organization has done brilliant service in the protection of New Orleans from epidemic visitations, and, in the trying times of yellow-fever prevalence, acted in concert with the National Board. The Louisiana State Board can scarcely be said to have the confidence of either the profession or the public in Louisiana. Its policy is one that is sure to end sooner or later in disaster.

The Medical Register of Philadelphia, which is devoted exclusively to matters connected with the literature of medicine, says: "The Homeopathic Pharmacopeia, recently published by Messrs. Boericke & Tafel, has been suppressed by the courts after a short suit, in which it was proved that it had in great part been stolen from the United States and National Dispensatories."

Baltimore has been visited by an epidemic of smallpox, which has grown to alarming proportions. Five students of the two medical colleges there have been attacked by the disease. Two of these have died, and the others are progressing well toward recovery.

A School of Pharmacy has been established in Louisville, in connection with the Polytechnic Society of Kentucky, which is to be devoted to the education of women in practical pharmacy.

Bibliography.

CHAPTERS FROM THE REPORT OF THE YELLOW-FEVER COMMISSION OF 1878. By S. M. Bemiss, M.D., Professor of the Theory and Practice of Medicine and Clinical Medicine in the University of Louisiana, Member of the National Board of Health, etc. Reprint from the New Orleans Med. and Surg. Jour.

This pamphlet, of thirty-six pages, demonstrates a thorough familiarity with all that is known concerning yellow fever, and in addition embraces the individual observations of an accomplished practitioner of ripe experience. It may be fairly claimed that no American physician is so eminently qualified to write instructively and authoritatively of the nature, mode of propagation, pathology, clinical phenomena, and treatment of yellow fever as is the author of the brochure before us. Possessed of a philosophic mind by nature; being a clinician with experience in private, hospital, and military practice; a careful, impartial, and painstaking student; having had ample opportunities for studying this particular disease by individual cases as a practitioner, and in groups as a health-officer, and having experienced the disease in his own person, Prof. Bemiss is justly regarded throughout the Southern States as high authority in all that appertains to the nature, treatment, and prevention of yellow fever. This pamphlet is a contribution of permanent value to the literature of the disease, and it is to be hoped that the author will make additional record of his wide experience and extensive studies upon this subject, which has such high claims upon the attention of the pathologist, the practitioner, and the epidemiologist.

THE January number of the Alienist and Neurologist, edited by Dr. C. H. Hughes, of St. Louis, comes to us loaded with fine original papers, which are indeed contributions of permanent value to our literature. The contributors to this number are well known to the profession, and have long since won an authoritative position in psychological medicine. The one hundred and twenty-nine pages of original matter are furnished by both American and foreign writers. The whole gives evidence of energetic and tasteful editorial management, and the typography is excellent. This journal is more properly a special journal for the general practitioner than a journal for the specialist. Every physician interested in the progress of psychiatry and neurology will find this journal replete with instructive material. It is highly creditable to American energy and American science.

ANNUAL ADDRESS BEFORE THE AMERICAN ACADEMY OF MEDICINE, at Philadelphia, October 26, 1882. By Traill Green, A.M., M.D., President of the Academy.

This pamphlet very appropriately deals with the subject of the preparatory education of medical men, and advocates a higher degree of literary and scientific attainments as essential to the successful prosecution of the medical sciences. Dr. Green sketches the origin and progress of the American Academy of Medicine, and presents in clear and concise manner the aims and purposes of the organization. It is a well-written paper, though not scholarly in any distinctive degree, and will be of service in promoting the higher academic instruction of gentlemen preparing for the study of medicine.

THE POPULAR SCIENCE MONTHLY contains an interesting paper by Clara S. Weeks, entitled "Science in the Sick-Room." It is a brochure on nursing the sick, and treats with admirable good sense of all the details of caring for a patient, and the orderly arrangement of the room and its surroundings. It is written in unaffected and pleasing style by one who evidently has practical knowledge of the subject. We wish it could be read in every household in the world.

TRANSACTIONS OF THE MEDICAL ASSOCIATION OF THE STATE OF MISSOURI at its twenty-fifth annual session, held at Hannibal, Mo., in May, 1882.

This is a handsome pamphlet of two hundred and twenty pages. In addition to the minutes of the meeting, it contains the various essays which were read at this session of the society. To each paper is appended a brief outline of the discussion of the same. This volume gives evidence of much vitality on the part of the society, and the secretary discharged his duties with efficiency and fidelity. We regret that our space will not permit detailed notice of each of these valuable papers. The examination of this collection of excellent essays by able and, in many instances, eminent practitioners confirms our conviction recently expressed that the annual volume of State societies should be discontinued, and the papers and discussions given to the medical press for widespread and prompt distribution.

Obituary.

DR. GEORGE M. BEARD.

This well-known practitioner and author died at his home in New York City, after a brief illness, on Tuesday, the 23d of January, 1883. His illness was so brief and his death so sudden that even his intimate personal friends were startled by the announcement. He is best known to the profession by his writings upon nervous phenomena and nervous diseases. He was connected professionally, as an expert, with the trials of Guiteau and Cadet Whittaker. His contributions to medical literature were able and voluminous, his first literary attempt being a paper on Electricity as a Tonic, written in 1866. From that time until the day of his death he wrote constantly, adding many works of singular merit to medical literature. Among his most important works were, Our Home Physician, published in 1869; two popular treatises entitled respectively Eating and Drinking and Stimulants and Narcotics, 1871; Medical and Surgical Electricity, 1875, with Dr. A. D. Rockwell; Hay Fever, or Summer Catarrh, 1876; in 1877, a monograph on The Scientific Bases of Delusions, being a new theory of Trance and its Bearings on Human Testimony; in 1880, a practical treatise on Nervous Exhaustion; in 1881, a work on Seasickness, and in the same year, American Nervousness, with its Causes and Consequences; in 1882, Psychology of the Salem Witchcraft Excitement and its Practical Application to Events of Our Times. Among his latter writings were a work on Sexual Neurasthenia, the Physiology of Mind-reading, and a host of pamphlets relating to electrology, neurology, and psychology. He also made constant contributions to the North American Review, the Popular Science Monthly, and the Medical Record.

Floating Kidneys.—Mr. Lawson Tait does not believe in the existence of this condition. He says: "I put the floating kidney theory altogether on one side, because I have never seen such a thing, either in life or in a museum, nor have I met any one who has. In fact, I have no belief in its existence as a pathological incident." An opinion widely in variance with that of a host of competent pathologists and clinicians.

Correspondence.

SYNCHRONOUS DOUBLE AMPUTATION OF BOTH HANDS AND BOTH FEET.

Editors Louisville Medical News:

On the night of January 8, 1875, with a deep snow on the ground, a fierce gale from the north and the mercury at 26° below zero, in the town of Warrensburg, Johnson County, Missouri, Washington V., a woodcutter by occupation, aged 36, unmarried, stout, robust and heavy-set, was coming in from the forest at night-fall, when he encountered some convivial friends, entered a rum-hole, engaged in drinking, and at or near midnight was ejected from the saloon in a state of profound intoxication. The streets were empty and deserted, and in the darkness of this bitter night the inebriated man went reeling toward his home. In the course of his wanderings he fell over an embankment about seven feet high, where he lay till the following morning with the snow-drift for his pillow and the wintry sky for a coverlet.

In the early dawn he was discovered on his hands and knees on the door-steps of a business house on Pine Street, about ten rods from the spot where he had laid all night. He was conscious, partially sobered, but speechless and almost insensible from the cold.

The proprietor, by whom he was found, took him into the store and *set him down by the fire.* At sunrise he was placed between two stout men, and was walked over the frozen ground, a distance of a dozen squares to his mother's house. It is said his feet "rattled on the ground like so many rocks." A disciple of Hahnemann was called to see him, and took charge of the case.

On the 22d of January, this medical luminary declared the case beyond the resources of his skill, advised the friends of the unfortunate man to send for me, and incontinently abandoned the patient. Such was the history of the case, as I learned it on my arrival at the house.

An examination revealed the fact that mortification of both hands and both feet had already taken place. He had also sustained the loss of one ear, and partially that of the other, from the effects of the frost. The vitality of a large surface on the right side of the chest had also been greatly impaired, and was the seat of a low grade of inflammation. The general symptoms were

unfavorable. The tongue was of a brownish hue, red at the tip and edges, and dry. The skin was icterode, dry, and harsh; the urine scanty and high-colored; the pulse 100, irregular and feeble; no appetite; bowels constipated, and the patient rested badly at night.

My predecessor, though a devout worshiper at the shrine of *similia similibus*, etc., had, strange to say, positively forbidden *whisky* and all other *stimulants*, and had, moreover, put the patient upon a *starvation* diet. Here was a case in which *similia*, or "the hair of the same dog," etc., was eminently in place, and so for once, at least, seeing a gleam of light in "similia," I ordered, even at the "eleventh hour," for this patient a good glass of hot whisky punch. I saw at once that the integrity of all the fingers and toes was hopelessly ruined, and that amputation was therefore inevitable.

But, as the line of demarcation was not yet established, and, moreover, as the vital forces were so much below par, with a general derangement of the secretions, I deemed it prudent to put him immediately upon a course of treatment preparatory to any surgical procedure. This treatment consisted of the exhibition of stimulants, tonics, alteratives, and a plain, good, nourishing diet. Mild emollient poultices were applied to the affected parts to promote sloughing and to assist in establishing the line of demarcation.

He had a good nurse—a personal friend—an old army hospital *attaché*, who gave the suffering man the most careful attention, never leaving him day or night.

On the 26th of January, assisted by Drs. Wright, Smith, and Cutter, I proceeded to operate, chloroform having been previously administered by one of the medical gentlemen present.

I then proceeded to remove the feet (Hey's operation), and then the hands, operating, in the latter case, directly through the metacarpo-phalangeal articulations and through the second phalanges of the thumbs. Considerable difficulty was encountered in securing flaps for the operation on the feet, as the greater portion of both soles had lost their vitality. The integument and superficial fascia covering in both os calcis had sloughed off, leaving those bones entirely exposed. I was extremely anxious to save as much tissue in these operations as possible, so as to give this unfortunate man a chance to walk about and feed himself. Perhaps half an hour was consumed in the work. He bore the operations well, and, under a full dose of morphine, slept comfortably the succeeding night.

The subsequent treatment consisted locally of warm water dressings impregnated with carbolic acid, ceratum resinæ spread on patent lint, and finally cerat. simp. Constitutionally, a good, nourishing, but plain and simple diet, with moderate, regular doses of milk punch.

The soles of both feet (what remained of them) ultimately sloughed off, and I had to retrench the os calcis in order to have those bones covered in by granulations. I continued in attendance daily until the 23d of April, with occasional visits until the 31st of May, when he was able to be on the streets by the aid of crutches.

He subsequently recovered, with enough of the thumbs remaining to enable him to use a knife and fork in eating, and by the aid of specially constructed shoes to walk quite well without crutches or a staff.

He is now the proprietor of a peanut stand, where he can be seen any fine day, on the streets of Warrensburg.

The fatal mistake made in this wretched case was at the time of his discovery, on the morning succeeding the catastrophe, that of taking him immediately into a *heated room* and placing him by a *heated stove*. Instead of this had he been at once put into a room without fire, his hands and feet rubbed alternately with snow and a soft woolen cloth, and then dipped into cold water drawn fresh from a well, the patient then placed in a feather-bed and covered with a light flannel blanket, a good stiff glass of brandy and hot water, or the same quantity of "Tom and Jerry" given him, and, finally the temperature of the apartment gradually raised to about 50° this man might have been restored without the loss of his hands and feet. Indeed, from my personal observation of the case, I am led to believe that he would not have lost a finger or a toe entire.

As to the original medical treatment (by our homeopathic friend), I do not suppose it amounted to much either way, except in the needless expense and loss of valuable time to the patient.

When serious injuries are sustained skill in surgery is needed; when a patient is sick then he needs remedies of more therapeutic power than "moon-shine pills," chalk-powders, and infinitesimal dilutions of distilled water.

A. W. Reese, M. D.

Warrensburg, Mo.

Selections.

SENATOR ON THE HYGIENIC TREATMENT OF ALBUMINURIA.—Professor Senator's utterances on the subject of albuminuria are always well worthy of careful attention, and he recently delivered an address before the Berlin Medical Society (Medical Times and Gazette) upon the Hygienic Treatment of Albuminuria which will be studied with advantage.

In the treatment of the various forms of Bright's disease the symptom albuminuria receives the greatest attention, not because the mere loss of albumen is ever likely seriously to interfere with the nutrition of the body, but rather because it is a means whereby we may test the existence and measure the degree of renal disease. Senator has written and lectured against the notion that serious ill health can result from simple excretion of albumen; he shows how, even in marked cases of albuminuria, the loss of material is hardly ever very great, and might be easily compensated, were that all that was desired, by the use of a somewhat but not largely increased quantity of meat. The chaos into which we should be thrown in regard to our knowledge of renal disease, had we no such guide as albumen in the urine affords, is set forth by Senator. Another ground for insisting on the importance of albuminuria from a point of view of prognosis may be found in the idea that in many cases the separation of the proteid may act as an irritant to the renal tissue. We do not know this for certain as regards the ordinary albumen of urine, but Lehmann and Stokvis have proved it for egg albumen. They showed that when some egg albumen is injected into the blood more albumen is excreted by the kidneys than was originally introduced—not of course egg albumen, but the natural proteid bodies of the serum (serum albumen and globulin). It is not improbable also that peptones, and perhaps some of the other derivatives of albumen, are capable of acting as irritants in the same way. The albumen of urine is not quite the same as that of the blood serum; and so it may be that this may likewise act as a foreign body or as a poison to the renal tissue. Turning from these considerations to the treatment of albuminuria, Senator remarked on the general uselessness of drugs in this regard. New remedies are proposed which are attended with no better success than old ones. Tannin and other astringents, fuchsin, pilocarpin, and acids—all have been praised in their turn. Iodide of potassium has seemed to do good in some cases of chronic nephritis, in respect of the albuminuria, but not of the other signs, *e. g.* dropsy and asthmatic attacks, against which we possess powerful remedies. We may very easily deceive ourselves about the value of medicines in acute Bright's disease, and also in the chronic forms of renal affection. The former has an innate tendency to recovery, and the latter of themselves fluctuate so much in their course, from day to day and week to week, that what has been regarded as the effect of a drug really might have been nothing more than a temporary improvement of a spontaneous nature. The value of mere hygiene in the treatment of maladies of the kidneys is instanced (we are following Senator all the time) in the different behavior of the patient's illness under different circumstances. For instance, a case with or without treatment as an out-patient showed no improvement, but when taken into the hospital, with the same treatment, mended rapidly. Having thus thoroughly introduced his subject, the professor next dealt with the individual factors comprised under the term hygienic treatment. Under the question of diet it is very important to ascertain the influences exerted on the albuminuria by the state of the digestion and the kind of food used. With regard to the first of these points, it has been established by recent observations that the process of digestion is attended with an increase in the excretion of albumen in the case of patients already passing albumen, or with a return of that condition when it had passed away; indeed, as Senator has insisted in his work on "Albuminuria in Health and Disease," the full digestion of a large meal in healthy individuals is often attended with transient albuminuria. The practical outcome of this doctrine is that cases of Bright's disease should be fed with small quantities frequently rather than with large meals at long intervals. Much more important, however, is the choice of the diet. The older physicians were aware of this, no doubt, but they were not so accurately aware of it as we are. The experiments of Lehmann and Stokvis have demonstrated how irritating ordinary egg albumen is, not only when injected into the blood, but also when given by the stomach. Total abstinence in the matter of eggs is therefore recommended. But also other proteid bodies, especially meat, should be given in a sparing

manner, the loss of albumen having been shown never to be very great for long together. Senator has observed albuminuria after the excessive use of meat diet. Christison has noted the same from the employment of cheese. Lichtheim has pointed out another danger attached to the use of food rich in proteids—the danger that the formation of much urea may lead to its accumulation in the blood, the diseased kidneys being less able to excrete the products of metabolism than sound ones. Fleischer has proved the same for phosphoric acid; and Senator, by induction, extends the notion to the other end-products of the matabolism of proteid bodies. In consideration of the inability of diseased kidneys to separate out these products of the destruction of proteids, he recommends the use of meat poor in albumen—*e.g.*, veal, young poultry, and *white* flesh generally, including fish. The vegetables with scanty albumen, as greens, salads, fruits, are to be recommended rather than the more fully albuminous peas and such like. Individual cases, however, require individual treatment. The digestion must be taken into consideration, and the use or not of fatty foods will largely depend on the capacity of the patient's digestion for such material.

With regard to drink, it has generally been ruled that alcohol had better be avoided, and Penzoldt has recently shown that ethyl and amyl alcohols may cause nephritis in dogs. Senator advises the rejection of brandy unless there be special indications for it; but he has generally allowed the use of red wine. Beer ought not to be taken. Spices and other strong aromatics and any obvious dietetic error should all be carefully guarded against. Dr. Senator is in favor of a nearly exclusive milk diet; but he shows, by reference to Voit's work on diets, that pure milk does not contain quite the right amount of carbo-hydrates, and therefore recommends the addition of some white bread, or something of that kind: such a "milk-cure" he regards as of high value.

The subject of mineral-water cures is touched upon, and the conclusion that some patients are benefited by saline, some by alkaline-saline waters, whether warm or cold, is arrived at. Bath cures have an undoubted action on the exchange of material, but their chief effect is locally on the skin. Senator then proceeded to speak of the second part of the hygienic treatment, the care of the cutaneous functions. The intimate relation existing between the kidneys and the skin was dilated on, and the fact that Leube had detected albumen in the perspiration was mentioned. The circumstance that the cutaneous tissues become impregnated with saline salts after repeated baths is alluded to as explaining the turgescence and increased perspiration of the skin observed after such treatment. Senator has maintained that strong muscular exercise increases albuminuria; hence the importance of bodily rest. The value of fresh air is not to be lost sight of, and as much physical exertion is contra-indicated, carriage exercise is the proper substitute. The physical aspect of the treatment must also be attended to. Sudden emotion may enhance the excretion of albumen. Menstruation has been observed to augment albuminuria—it need not be said the urine examined was free from the menstrual blood. The explanation of such augmentation may be sought for in local congestion, or there may be an increased exchange of material throughout the body during menstruation. The good effect of a change in climate in kidney disease is to be attributed not only to a change of air and water, but also to other points which have been already mentioned. The southern dry climates are the most advantageous, such as the Riviera or Cairo; and in warmer regions there is this favorable feature, that the diet is not so much animal as vegetable. Where change of clime is not possible, residence in a well-managed, comfortable hospital may stand in good stead.

On Medical Life-Histories.—Great as our advances have been during the last half century, I suppose that all of us will agree that our knowledge of medicine at the present time is painfully deficient. (Dr. F. A. Mahomed in the British Medical Journal.) I say advisedly of medicine, for our advances in surgery have been far more satisfactory. Here we are dealing with more tangible things; surgical diseases are on the surface or within reach; we can see them, handle them, remove them. The physician only obtains outward and visible signs, from which, by an elaborate mental process founded on past experience, he deduces his diagnosis of an inward invisible disease.

Now I would ask you to glance for a moment at the present position of medical science. Our diseases may be roughly divided into three great groups:

1. Acute diseases, with organic changes (including the specific fevers).

2. Chronic diseases, with organic changes.

3. Functional diseases, without organic changes, but often preceding or forewarning of them.

Our knowledge of disease has been obtained almost entirely from hospital experience; from that we have gained much information.

1. With regard to acute diseases, we can recognize their nature, we know their usual course, we can estimate to some extent their severity, we know their special dangers, and we have more or less well-ascertained rules to apply which enable us to guide a patient through them with the least possibility of risk.

Concerning the specific fevers, we know how most of them are propagated, though we still know next to nothing of their ultimate cause. There are three diseases which are more or less specific—by that I mean propagated by germs—of which much less is known, *i. e.* diphtheria, acute pneumonia, and ulcerative endocarditis; the first two of these are being at present investigated by the Collective Investigation Committee. These specific diseases we now class together as preventable, because we recognize their means of propagation, and can therefore, to a large extent, stop their spread among the population. When we have discovered their cause, we shall still more rightly call them preventable.

Another class of acute diseases—such as pleurisy, peritonitis, meningitis, pericarditis, and enteritis—usually occur as an extension of disease from other parts, as the results of injury or of some known blood-poison, such as pyemia, rheumatic fever, uremia, or some specific fever; they are rarely primary diseases, more commonly they are complications. They are occasionally the manifestations of some obscure and unknown blood-poison (such as sewer-gas), and from this point of view require much further study; but this aspect of the disease can only be studied in the patient's home, and not in the hospitals to which they are removed; it is therefore a very proper object for collective work.

With regard to other acute diseases—such as bronchitis, nephritis, gastro intestinal catarrh—we have yet much to learn about their causes, and why they should attack some individuals more frequently than others. Many of them are manifestations of what are called "general" or "constitutional" disorders, such as rheumatism and gout. Of the real pathology of these diseases we know next to nothing; most of them appear to be due to disordered function, though they frequently produce chronic organic changes; we have a good deal of loose unformulated knowledge concerning them, but our facts require to be carefully collected, collated, and laid before us in definite shape. How various, and often contradictory, are the opinions held about the pathology and treatment of such a common thing as gout. No more valuable work could be undertaken than that of defining our knowledge on these subjects. Our committee has already commenced on one of them, and we may hope in the near future to take up others.

2. We next come to the great class of chronic organic diseases. The advance of our knowledge concerning them has been enormous; but to what has it brought us? We now have the means of diagnosing most cases of advanced organic disease. That is to say, if our patient has a greatly cirrhosed liver, an advanced disease of his kidney, an extensive disease of his lung, a generally irrevocable disease of his brain or spinal cord, it is our privilege to inform him of the fact. We may perhaps advise him how to live, that he may prolong his life to the utmost; but, if he asks us to cure his disease, we have to tell him that that is now impossible. But these chronic organic diseases do not come in a day; the health of such a patient must have been for long impaired; the disease must have been preceded by characteristic minor ailments or functional disorders; and, if we could have recognized their meaning, we should have been able to foretell what would happen, and by changing the habits of life or the environment of the patient, and possibly by the help of other remedies, we might have been able to arrest its course or entirely have prevented it. Our efforts in this direction would be greatly aided by an accurate knowledge of the individual's family history, and of his past illnesses. To obtain a systematic record of these details for all our patients must be one of our future objects. Such records as these will afford us knowledge that will enable us to practice preventive medicine in relation to this, the largest and most fatal group of all diseases which come under our observation—the chronic organic diseases. At present we are almost powerless in their presence, though so frequently asked to fight with them for the lives of those who intrust themselves to our care.

The hospitals have done their share to

help us; it now remains for the practitioners of medicine, who see the beginnings of disease, to do theirs; and to unite together to watch and record the life-histories of diseases; for it is the practitioners who first see the little leaks, which will expand till they sink the ship.

3. Concerning our third class, that of functional diseases, we know scarcely any thing. They are rarely seen in hospitals, except among the out-patients, where they can not be studied; here they pass before us, their past unknown, their future untraceable. All that we know concerning these diseases is some more or less satisfactory experience as to their empirical treatment. It is true that many careful observers, after long experience, may have detected certain relationships of these minor ailments to more grave diseases; they may have known them as marking a family predisposition or an acquired vicious habit; but such observations as these require a lifetime to make them when they are limited to the experience of an individual; and, although the mental note may have been made, the permanent record in black and white has been omitted—so that if the observer records any thing, he records only the impressions of a lifetime, but he lacks the accurately detailed facts necessary for the proof and acceptance of a new doctrine.

These observations we now ask of you to unite in making; and the best efforts of this association will be given to making the method easy and the labor light. I may say that our committee has in preparation a scheme, which it will shortly bring before you, for encouraging patients to keep carefully prepared records of their lives and of the chief incidents therein, both medical and otherwise. These records would prove of very great value, alike to the patient, to the doctor, and to medical science. From them could be deduced, not only forecasts of disease, but warnings and guides for the conduct and preservation of life. In this scheme we have the assistance of Mr. Francis Galton, whose valuable papers (in the Fortnightly Review of this year) on "Photographic Chronicles" and "Anthropometric Laboratories" shadowed forth the desirability and indeed the necessity of some such scheme. Closely allied with this will assuredly follow certain changes in medical practice, which are at present slowly, but I believe surely, advancing. I mean such a change as that advocated by Dr. W. F. Phillips, of Andover—a system by which we shall be paid to prevent disease; not as at present, called in to cure the incurable. We want to teach our patients how to live, to give them healthy surroundings, and to protect them from unhealthy habits and occupations; then to watch and treat their minor ailments, and so ward off as long as possible grave organic disease.

The Treatment of Intussusception.—The discussion on this subject which took place at the last meeting of the Clinical Society was excellent. It traversed the whole field of treatment, and brought out clearly and distinctly the points which should claim attention throughout the whole course of the case in regard to surgical interference. (British Medical Journal.) Mr. Godlee reported three cases of young children upon whom he had performed abdominal section for intussusception, with a successful result in one of the cases.

Mr. G. Brown mentioned a case in which he had attempted abdominal section where it was found impossible to withdraw the invaginated portion from within the encircling bowel, so firmly were the two parts glued together by the advancing peritonitis. This *contretemps* produced a difficulty which no surgeon could desire to face. The patient died six hours subsequently, unrelieved by the operation.

As regards the treatment of early stages of intussusception, Dr. Glover mentioned the happy result in one case in his hands from the administration of extract of belladonna where opium had seemed to be of no avail; but the general consensus of opinion pointed to the early treatment of all cases by inflation and operation, though, as was pointed out, a great distinction must be drawn between cases of simple intussusception, which may last for weeks when the bowel is not strangulated, and those of strangulated intussusception, in which any delay in operating is to be deprecated, since peritonitis is almost certain soon to ensue. The former cases are those most likely to be benefited by inflation and injection of liquid per anum, possibly the two combined, while the patient's abdomen is kept relaxed by the use of an anesthetic. But if the strangulation have lasted for some time, and the symptoms be severe, so that there is reason to fear adhesions have formed or the wall of the bowel become softened by inflammation, inflation or forcible enemata should scarcely then be attempted, as was pointed out by Mr. Bryant and Mr. Marsh, any more

than taxis should be tried in cases of hernia in which the bowel is much inflamed, otherwise the result may be a rending of the intestine, with subsequent certain fatal peritonitis. Should the case be one of severity, and inflation be found valueless, the surgeon should at once have recourse to abdominal section; just as in hernia, when taxis has failed, he directly proceeds to herniotomy. The median line of the abdomen is to be chosen for incision, and the operation should be done with antiseptic precautions. The invaginated bowel may be either withdrawn by gentle traction from the encircling portion, or its withdrawal assisted by pushing up from below, as recommended by Mr. Hutchinson, or the outside layer may be unrolled from off the inner portion, as was done by Mr. Godlee.

Many speakers remarked on the extreme difficulty they had sometimes experienced in returning the distended bowels into the peritoneal cavity after the operation; a difficulty which Mr. Haward had found it impossible in one case to overcome except by puncture of the intestine with a trocar and canula for the withdrawal of gas and liquid, with a subsequent closure of the small opening with a carbolized suture. But in cases in which, as in that detailed by Mr. Brown, the intussuscepted bowel can not be withdrawn, what is to be done? As Dr. Buzzard pointed out, the portion of intestine inclosed goes on to slough and separation, and this is nature's method of cure in the very few cases which struggle on to recovery through the various dangers which beset the patient. Surgeons recommended that nature's method should be imitated as nearly as may be by a bold excision of all the implicated portion of bowel, and a stitching together of the two cut ends. Mr. Howse has already done this in two cases, though as yet without success. To avoid risk of the passage of any fecal material into the peritoneal cavity, he further recommends that a thin sheet of gutta-percha material, with a slit in its center, should be spread before the abdomen, and all the bowel to be operated upon drawn forward through the slit. It may then be treated without fear of fecal contamination of the peritoneum. In certain cases in which the bowel protrudes through the anus Mr. Howse would also remove it bodily from that situation by amputation, securing the cut end by pins. An Italian surgeon has already done this by inadvertence, not knowing what he was taking away, and the patient recovered.

Chemistry of Acid Dyspepsia.—Dr. McNaught read a paper on the Chemistry of Acid Dyspepsia to the Manchester Medical Society. (British Medical Journal.) He showed, from a number of analyses made on matter obtained from his own stomach, when the symptoms of heartburn and acidity were prominent (precautions having been previously taken to abstain for some hours from fats and fleshy foods, which, as they contain lactates and butyrates, were liable to complicate the result), that the excess of acid in the irritative or congestive form of dyspepsia is due to hydrochloric acid. In all cases traces of lactic acid were found; but it never in the highest exceeded one tenth of the free hydrochloric acid, and was generally much less than this. The volatile acids were in extremely small proportions—too small to be estimated quantitatively. These results were confirmed by those obtained from the analysis of vomited matters obtained from a patient. He came to the conclusion that the acidity of irritative or congestive dyspepsia, which occurs generally in individuals whose nutrition is good, and who often present all the appearances of robust health, is due not to fermentation but to excessive secretion. He further showed, from a number of experiments on artificial digestion with milk, that hydrochloric acid is a very powerful preventive of lactic fermentation. Contrary to the experiments of Richel, he found that fresh gastric juice, containing two per cent of hydrochloric acid, might be kept for twenty-four hours at a temperature of 100° without undergoing any considerable acid fermentation. He found, however, that when gastric juice was mixed with milk, if no hydrochloric acid were added, and the acidity were below one gram of hydrochloric acid per liter, fermentation took place much more rapidly, and attained a higher degree of acidity than in milk alone. The deficiency of hydrochloric acid in atonic dyspepsia probably led, by permitting fermentation to take place, to the quantities of acid found in that condition.

Paralysis of the Left Half of the Velum Palati.—Dr. Walter Smith related two cases of paralysis of the left half of the velum palati, and raised the question whether palatine paralysis was invariably to be regarded as a characteristic sequela of diphtheria, or whether it may not occasionally supervene upon non-diphtheritic forms of angina.—*Ibid.*

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, FEBRUARY 10, 1883.

Original.

THE ASSOCIATION JOURNAL.

[FROM OUR LONDON CORRESPONDENT.]

I have, as you wished, given some time and attention, in the course of my visit to England, to the subject of the relations of the British Medical Association to its weekly journal, having special regard to the interest of that question in connection with the proposed weekly journal of the American Medical Association, which has been suggested in consequence of the success which has attended the arrangements made by the British Medical Association for publishing its proceedings in a weekly form, and for securing to its subscribers a weekly journal in return for their annual subscription.

I have had in view the criticisms published in a letter from Dr. Fothergill to the Philadelphia Medical Times, to which you have directed my attention, and also the recent views expressed by you personally on the subject in your issue of December 9th, of which I have just received a copy. To us as Americans, the matter of real importance is how far the interests of a great medical association are served by the issue of its own weekly medical journal, of which that association is as a body the proprietor, and which is directed by an editor controlled by a committee of its members, and whether the prosperity of the British Medical Journal is in any important degree subserved by the publication of its journal in Great Britain, and how far the constitution there adopted is likely to suit our institutions. All the rest is a mere fringe of the matter, and only interests us—if it interests us at all—indirectly and as spectators.

To obtain this information I have gone in the first place to the fountain-head, and have obtained various documents which show what is the intimate constitution of the British Medical Association; how the journal is managed; how it is controlled, and what have been the financial results during a series of years; and I have also taken the opportunity, in visiting the London hospitals and in conversing with the leading physicians and surgeons of London as well as in some of the chief provincial centers, to ascertain their views. Of course on many details there exist minor differences of opinion, but on many, and indeed on all the more important and broader features of the case, I have found, as Dr. Lewis A. Sayre and other members of the American Medical Association appear to have found during their visits to London, a practical unanimity of opinion and an array of facts which carry absolute conviction and can only be read in one way.

In the first place, as to the utility of the journal and its financial results. In the early history of the British Medical Association it had no weekly journal, but published annual transactions, of which the scientific value varied a good deal from year to year, but which contained a great many papers which are now of historical interest, and the series is still valued and brings high prices in the book-market. Among the most important papers is always mentioned to me those of Mr. Ceeley, of Aylesbury, containing the most thorough investigation ever carried out on the vaccination vesicle, and on the whole question of the changes produced by vaccination with humanized and with calf lymph. The investigations of Ceeley and Badcock, published in the transactions of what was then the Medical Provincial Association, are still the locus classicus and principal point of departure for those who study this subject.

The association for the early years of its existence was purely provincial, and was destined to raise the status of provincial practitioners and to give them that force which union can alone bestow. In this it

was successful; and as at this time the provincial practitioners were largely excluded from the privileges of practicing in the metropolis and from any share in the government of the great medical corporations and the educational bodies, there was a very definite grievance to be removed and a great battle to be fought in order to secure improved systems of medical education and of the registration of qualified practitioners. It was largely by the energy with which Charles Hastings and other founders of the association fought this battle that they established for the association a firm footing in the affections of the medical profession. It was soon found, however, as years went on, that the association did not grow and did not adequately represent the profession as a body. After much discussion a weekly journal was established, which was edited with much vigor and ability, and the fortunes of the association were so favorably influenced by it that it was possible to render the British Medical Association a national body, and its members slowly increased, in the course of the first thirty-five years of the foundation of the association, from three hundred to nearly two thousand. I have had in my hand the Journal of that period, and have examined some of its volumes. The Journal had been edited during the ten years previous to this period by a series of editors who were spoken of as men of considerable mark; among them, Dr. Andrew Wynter, a well-known medical literateur and contributor to the Edinburgh and Quarterly Reviews; Sir John Rose Cormack, who subsequently removed to Paris, and who had always been known as a writer of exceptional vigor and a physician of much eminence; and Dr. W. O. Markham, who, I am told, did much to give to the British Medical Journal a character for independence and vigor. Dr. Markham, who I understand is still living, although in strict retirement, and who was one of the warmest admirers of the Journal as at present managed, was appointed to some government office—I believe an inspectorship—and it was then that the present editor, Mr. Ernest Hart, who was at that time co-editor of the Lancet, was unanimously invited by the Committee of Council to take the office of editor.

The balance sheets of the association are published annually in the volumes of the Journal, and so are also the annual reports of the General Council of the association, which state the result of the figures and explain the general vital state of the association as to membership, etc. On turning over a pile of these volumes at the library of the College of Surgeons, I find, as verifying the statement which was made to me, that the finances of the association were at that time still a subject of great anxiety. The return from subscriptions was under £2,000, the return from advertisements was under £300, and the annual outgoings barely balanced the receipts. The series of balance-sheets of each successive year and the appearance of the Journal from this date tell their own tale. In the close of the first year after the new editor had taken office the number of members had increased by five hundred, and the value of the advertisements had nearly trebled. From that time each successive balance-sheet and report speaks of growing prosperity and increased power and influence; each year the volumes of the Journal grew larger; each year the number of members has increased by an annual increment averaging a net gain of five hundred new members annually, and the whole association shows evidence of the increased vigor and activity of work which has been infused into it by possessing a journal which has become a favorite medium for the publication of papers by the leading scientific writers in the profession, and the chief organ of its political activity.

In the course of the fifteen years' editorship of Mr. Ernest Hart the figures show that the receipts for membership have risen from £2,000 to upward of £10,000; and the increased receipts from advertisements, although not corresponding in exact proportion to this great increase in the receipts from membership and the great increase in the circulation of the Journal, nevertheless show so great an advance that the net receipts for advertisements during the last year amounts to £6,000, which the Journal thus adds directly to the treasury of the association. Meantime it is impossible not to see, on a cursory glance through the volumes of the Journal, that in it the whole political activity of the profession is concentrated, and that its scientific contents are of the first order. Professor Bradbury, of Cambridge, tells me that he has found the Journal invaluable as a *repertoire* of scientific medicine, and as affording the newest and earliest references to the progress of scientific medicine throughout the world. On the other hand, I find from Dr. Rogers, the president of the Poor Law Medical Officers'

Association, that that association, which represents a body of some three thousand medical officers, engaged under the Poor Law Boards of Great Britain and Ireland in the state service of the poor, regard it as their sole organ, and that they have found the Journal, under the guidance of Mr. Ernest Hart, renders them from year to year the most continuous and invaluable service. He has placed in my hands the last annual report of the Poor Law Medical Officers' Association, in which this is set out in great detail. So also the Army Medical Department has come to look to the British Medical Association and the British Medical Journal as the chief advocate of their interests; and Prof. Longmore, of Netley, told me that the British Medical Journal is the chief organ of the army and navy medical officers independently of their connection with the association, and that to Mr. Ernest Hart, as chairman of the Parliamentary Bills Committee, the Army Medical Service feel themselves most deeply indebted. A member of the Army Medical Department, to whom I spoke on this subject when at Woolwich, placed in my hands a printed document, from which I see, as corroborative of Professor Longmore's statement, that a subscription has, during the last three months, been privately in progress among the members of these services, limited to a guinea from each subscriber, which amounts now to five hundred guineas, of which the object is to express the gratitude of the army and navy medical officers and of the poor law medical officers to Mr. Hart, as editor of the British Medical Journal, for services which he has rendered to them, and that a portrait of him is being painted from the proceeds of this fund by Mr. Frank Hall, R.A., which is to be presented to his wife. I see that Mr. Spencer Wells, the president of the Royal College of Surgeons, is the chairman of the fund, and that Sir William Smart, K. C. B., Inspector-General of the Fleet, Surgeon Myers, of the Household Guards, and Dr. Bond, the president of the Provincial Medical Officers of the Health Association, are honorary secretaries to the fund, which appears to indicate that the feeling of services rendered is fully shared by these various organizations which are outside the British Medical Association, but which still feel that the services rendered through the British Medical Journal are very considerable. I am led into this digression because, after reading the criticisms of Dr. Fothergill, in the Philadelphia Medical Times, I was disposed to doubt whether Dr. Sayre, in his address to the American Medical Association (out of which sprung the present proposal for an American Medical Journal in connection with our association), had overestimated or formed an incorrect opinion of the sense entertained in the profession in England of the value of the services rendered to the profession by the Journal of the British Medical Association and its editor. This, however, does not certainly appear to be the fact.

Another point to which my attention has been directed is, whether the editor exercises so considerable an influence in the association, as Dr. Fothergill's letter indicated, as to make it essentially a matter of what I saw described as "one-man power." I put this question several times to various leading persons in London and in the provinces, and the answer has not been always the same. A great many to whom I have spoken, especially in London, appear to think that, morally speaking and quite apart from whatever might be the official arrangements, virtually Dr. Fothergill's conclusion was not far from the fact; and, as one very eminent person said to me, we all know that the British Medical Association is virtually Mr. Ernest Hart. On the other hand, those who know most of the working of the association from the inside, and who are most concerned with its administration in the provinces, ridicule the idea and assure me that that impression is only a superficial impression of persons who really take little part in the working of the association; that all those who are concerned in its administration, whether in London or in the provinces, are very well aware that the editor of the Journal has very little share indeed, practically none whatever, in the general administration and control of the association.

Here I may explain the constitution of the association. It consists of two classes, members of branches and unattached members. Unattached members have the right of attending the annual meeting, and of receiving in return the Journal for their subscription of a guinea. This latter is the great attraction, as the subscription to the Journal alone to those who do not become members of the association is $7, while those who make themselves members of the association receive the Journal, together with other privileges, for a subscription of $5.25. It is by creating unattached members that the Journal has so largely recruited the mem-

bers of the association. An annual issue has, I see, been made for the last fifteen years (since Mr. Hart was editor) of a specimen copy of the Journal toward the end of December, together with the form of application for membership, which form, it is explained to me, must be signed by two registered, qualified medical men who personally vouch for the character and orthodoxy of the gentleman whom they propose. These application papers are then submitted for election to the Committee of Council or to the members of the local committee, as the case may be, according as the application is forwarded to a local secretary or to the general secretary. In this way for a number of years the Journal attracted annually, within the first months of the year, from three hundred to four hundred members, who, after due examination of their credentials, were admitted as unattached members. The names of the unattached members are then forwarded to the local secretaries, and they are canvassed to join the branches of the association situated in each county, the additional subscriptions to cover the branch expenses not being more than half a dollar, as a rule. Out of this half-dollar subscription are defrayed the local expenses of the local branches for their quarterly or monthly meetings. The branches appoint each an honorary secretary, and each honorary local secretary is, *ex officio*, a member of the central governing body called the Committee of Council. The Committee of Council consists besides of the past presidents of the association, who are life members, each past president having been elected by a meeting of the whole profession of the district in which the association is about to hold its annual general meeting, and being always the leading physician or surgeon of the district. As such men are always advanced in years, as well as senior in position, the average number of such permanent members on the Committee of Council is not more than eight or ten—and many of these, being advanced in years, do not attend the meetings; so there is no danger of the elective members of the Committee of Council being swollen by its permanent members. The Committee of Council is further made up by the addition of twenty members who are annually elected by a meeting of the General Council of the association, which takes place contemporaneously on the first day of the annual general meeting of all the members. This General Council, which is nominally the governing body of the association, but which meets once a year for the purpose of adopting a report and of electing these twenty members of the Committee of Council, is wholly made up of delegates appointed by each branch in the proportion, I believe, of one to twenty members of each branch. It is therefore a numerous and rather ponderous body. It is to the Committee of Council, constituted, as I have said, firstly by the honorary secretaries of each local branch, secondly by the permanent life members mentioned above, and thirdly by the twenty elected members, that the affairs of the association throughout the year are practically ruled.

This Committee of Council meets at least four times a year. It, in its turn, appoints a Journal and Finance Committee, which has immediate relations with the editor and controls the finance and general administration of the Journal, making a report of its minutes at each meeting of the Committee of Council, which report has to be submitted for approval and confirmed before it can be acted upon. This committee also meets on an average four times a year, on the day before or sometimes on the morning of the meeting of the Committee of Council. The meetings, both of the Committee of Council and of the Journal and Finance Committee, take place in London. The editor is not a member of either of these governing committees. He is not present at their meetings and is not aware of the subjects discussed at them, otherwise than as other members of the association by seeing the published minutes of the proceedings, which are issued in the succeeding number of the Journal in the official part over which he has no control. I confess that it surprised me to hear that the editor is not present at the meetings of the Committee of Council or of the Journal and Finance Committee, except that he is summoned to the Journal and Finance Committee toward the close of its meeting to make or to receive any communications which may have special reference to his part of the Journal. These interviews rarely last, I was told, ten minutes or a quarter of an hour. To me, and indeed to more than one of my informants, this seemed an insufficient means of communication between the editor and the managing bodies, and I judged, from the conversations which I had with the members generally, that quite an erroneous impression prevails that the editor is present throughout the meetings of these committees and votes at them, or at least controls

them in a considerable degree. This, however, I find is absolutely not the case, and that the editor has not been present at all at any of the meetings of the Committee of Council for many years; that he hardly knows more than a small proportion of the committee personally, and that his interviews with the Journal and Finance Committee depend entirely upon the wish of the latter and may be restricted to a very short space of time, in which only matters of strictly editorial importance are briefly discussed. This contrasts so strongly with the statements in Dr. Fothergill's letter, that I am induced to believe that he is himself not well aware of the constitution of the British Medical Association, in the proceedings of which, I am told, he takes very little part. I made further inquiries on the subject of the alleged discontent which Dr. Fothergill's letter induced me to suppose as in reference to the constitution of the association and the supposed autocratic influence of the editor. My inquiries for the most part met with a smile of incredulous amusement. Dr. Fothergill, it appears, had issued last year a letter to the various branches, in which he endeavored to impress upon them his views in this matter, and urged that a movement should be made to limit the term of editorship by making the election quinquennial and limiting the term of office to ten years. In these views it seems he did not succeed in persuading any single branch to agree, and the result of an agitation which he appears to have carried on by circular was a complete fiasco. He is said to have been a former member of the staff of the Journal as a writer and to nourish feelings of personal resentment. This, however, is mere gossip; but there appears to be a quite universal opinion that he considers himself a suitable candidate for the appointment which he would like to see vacated. On the other hand, it seems that the actual tenure of the editorial office is annual or even quarterly, and that the editor is subject to dismissal by the Committee of Council at any time at three months' notice, or has a right to tender his resignation by giving similar notice; and it is equally generally considered that so long as the association is satisfied with its editor and feels that it and its interests and the general interest of the profession have been well served, it would be an act of suicidal folly to put a limit to the time during which the editor may serve the association as such. In no private enterprise does the proprietor think of fixing beforehand a hard and fast limit to the term of services of any editor who may suit him, and Dr. Fothergill's theory is not considered to have any thing to recommend it except his own personal aspirations. I may say, without any personal disrespect to that gentleman, that to be appreciated he should be seen rather than be read. Although a consulting physician he does not hold any appointments in any medical school or hospital with school attached, although it is stated that he has been repeatedly a candidate for such appointments. Disappointment in these respects is freely hinted at as the probable cause of the somewhat sour utterances on the subject of the British Medical Journal, and of hospital and school arrangements generally in England, with which he favors his readers on this side of the Atlantic.

There are one or two points of organization which I have noticed incidentally which may be instructive in reference to our American Medical Association and its proposed weekly journal. In the first place, the mode of election of the twenty elected delegates to the Committee of Council is objected to, and a revision of it is under consideration at the present moment. These delegates are at present nominated by the Committee of Council itself, although a provision is made that any two members of the association may concurrently nominate delegates for election alongside of those elected by the Committee of Council. Obviously, however, those nominated by the Committee of Council have a considerable advantage in the election, and have at their backs a large number of cut and dried votes, and recommend themselves to the general body from the mere fact that they are officially nominated. It is proposed to remedy this in several ways. One way, which would probably suit our American ideal, is, that the delegates should be nominated by constituent branches or bodies, corresponding to our State medical societies, and that each branch should have the right to nominate for election by the general medical council a delegate for each two hundred members of such constituent body. This would make the whole Committee of Council more thoroughly representative and more democratic in its constitution than is the existing Committee of Council of the British Medical Association.

I have made some inquiries as to the alleged split in the association on the subject of the compulsory notification of infectious

diseases. This appears to be purely fictitious and imaginary. I can not find any trace of any such feeling. The history (according to documents) appears to be that the subject of the compulsory notification of infectious diseases is one which has for a series of years interested the attention of the British Medical Association, and that the whole association has at the annual meetings nominated a Registration of Diseases Committee, which elaborated plans for such compulsory registration of disease as were approved by the association at its annual meeting, and laid before government with little effect. Three years since this Registration of Diseases Committee, finding that it did not possess the machinery and influence necessary to carry out the views of the association, requested the association to discharge it from its functions, and to depute to the Parliamentary Bills Committee of the association, a much more powerful body, which was reformed some twelve years since, and re-appointed on the proposition of Mr. Ernest Hart, who has ever since been its chairman, and which includes a representation of every branch of the association. This committee was accordingly charged to carry out the expressed views of the association, and to obtain as far as possible a compulsory registration of disease throughout the kingdom. Its chairman thereupon took the question in hand at the request of the association and without being previously interested in it, not having been a member of the Registration of Diseases Committee. This he did with so much effect that the attention of all the municipal corporations throughout the country was effectually aroused to the subject. There exists in England a system of what is called private-bill legislation, by which municipal corporations are enabled, by obtaining private acts of Parliament, to modify their police and sanitary regulations. In this way a great number of local acts were obtained by local bodies making the registration of infectious diseases compulsory. The Parliamentary Bills Committee of the British Medical Association, acting upon the previous reports of the Registration of Diseases Committee and according to the resolutions of the association, had framed and recommended a clause which made the duty of notifying infectious diseases concurrently compulsory on the householder and on the medical man; that is to say, requiring the medical attendant to hand to the householder, or person in charge of the invalid, a notification of the nature of such disease, and then requiring the householder duly to notify the local sanitary authority. Many of the local acts had contained clauses imposing this duty on the medical man only, and against such acts and clauses the Parliamentary Bills Committee and its chairman had energetically protested. Mr. Hopwood, a radical member of Parliament, had taken up these protests and secured a general committee of the House of Commons, which was named and will henceforth be known as the Police and Sanitary Committee, which for the first time exercised a supervision over the clauses of those local bills which had previously escaped any rigid parliamentary examination. Thus the whole subject was brought much more prominently into medical and public view. Before this committee a number of medical witnesses were called, chiefly medical officers of health of towns in which compulsory notification had been established by local acts, who bore unanimous testimony to the value of such acts and to their wholesome influence in promoting public health. Nevertheless, the objections which had been urged by the Parliamentary Bills Committee were so far considered by the committee of the House of Commons that last year all the clauses of such bills were modified so as to impose the compulsion on the householder and to require the medical man only to inform the householder. Meantime an association had been formed of medical men who objected to any kind of compulsion on the medical attendant, even the compulsion of notifying to the householder the nature of the disease present in his household.

The active spirit in this association was Dr. Carter, of Liverpool. The whole subject was brought up for discussion by Dr. Carter and his friends at the last annual general meeting of the British Medical Association at Worcester, when, although a very strong opinion in favor of the previous decisions of the association was expressed by men such as Dr. Broadbent, Dr. Littlejohn, of Edinburgh, and others, a decided majority of those present expressed an opinion opposed to any form of compulsion on the medical men, and consequently to the system of concurrent notification which had been previously indorsed by the British Medical Association and been sent as an instruction to the Parliamentary Bills Committee.

In this debate Mr. Hart does not seem to have taken any part at all, nor indeed in any debate at any time on the subject; but

the report of the committee which he presented merely pointed out the various features of the case as it then stood, and requested the association to pronounce its own decision, which the Parliamentary Bills Committee, of which he was the chairman, would be likely to carry out. This decision having been pronounced, I was assured that the Parliamentary Bills Committee is acting now, as it has always acted, on the mandate of the association, and that there never has been any sort of ill feeling on the subject. And, indeed, to those who read Dr. Fothergill's imaginative account of the proceedings it must be a source of astonishment and amusement, as it was to me, to be assured that it was understood that immediately on the vote in question the editor requested Dr. Carter himself to undertake the editorial writing on this question in the Journal; and it is alleged that Dr. Carter accepted the offer, and is indeed the chief editorial writer in the Journal on the subject.

I have gone thus carefully into all the details to which you directed my attention because, at a moment when the future arrangements for the proposed weekly journal of the American Medical Association are being discussed, it seemed to me, as it has to you, desirable that nothing which has been alleged on one side or the other should be omitted from the inquiry.

To sum up the present state of affairs, it appears to be this: The editor of the British Medical Journal is, in the British Medical Association, strictly confined to the conduct of the Journal. He is allowed a large discretion in that capacity in respect to what he publishes and what he does not publish, and generally the entire selection of writers rests with him. He is also chairman of the Parliamentary Bills Committee, a post in which he has exercised a great influence on public as well as professional opinion, in virtue of the activity with which he has fulfilled these functions and the power he has shown in promoting useful legislation and in advancing the interests of the army, the navy, the poor law, and the sanitary services. Otherwise this committee has no relation whatever to the administration of the association, being purely destined to influence opinion out of the association. He has no share whatever in, and has never been a member either of the Committee of Council, which is the chief administrative committee, or of the Journal and Finance Committee, which is the immediate executive committee in respect to the publications and finances of the association, nor of the arrangement committee of the annual meetings, which determines the order of business and selects the officers for such meetings. He is thus officially outside the administration of the association, and powerless to affect it, except by such influence as his ability, his energy, or the personal weight which his opinions carry may have with those who are officially charged with these duties, with whom he has no official relation, and who are in no way bound to listen to any thing he may say on the subject. I am told that the present editor is quite satisfied with the influence he exercises in his own sphere, and he does not interfere with or attempt to influence in any way any of these decisions. If, therefore, it be true that the association is in any sense an example of the "one-man power," it can only be in virtue of the intellectual influence which the editor exercises, and in no way in virtue of any official powers he possesses or any official position on the governing committees.

As to the finance of the association, it is sufficient to say that under the influence of the enormous popularity of the Journal and the relatively cheap price at which it is published, being some $2 or $3 cheaper than the Lancet or Medical Times, the association has accumulated a considerable fund by way of surplus. Its annual surplus for the last six years has been about $10,000, and it has now an invested fund of $60,000. Looking at the paging of the Journal for this week, I see that the present half-yearly volume contains upward of two hundred pages more than the Lancet. The association makes scientific grants out of this surplus, and has, as the chairman of the committee assured me, made grants to the extent of about fifteen hundred dollars, and is ready to double or treble that sum if suitable applications are made.

I see it stated this week in the British Medical Journal that the association has spent during the year upward of twenty-five hundred dollars on the expenses of a committee recently formed for the purpose of organizing the members of the association in various localities for the purpose of the collective investigation of disease.

The association possesses now its own building and prints its own Journal. Branches are seeking affiliation from Australia, India, and other English colonies; and there is only one opinion as to its constantly growing popularity, and of the large part which the Journal plays in promoting that prosperity.

This letter is certainly longer than I intended it to be, and I fear longer than you would wish it; but I must leave you to deal with it as you think best. The subject was a large one, and the matters to be dealt with so numerous that I could hardly condense into smaller space the information which I had obtained on it.

Miscellany.

NEW YORK COUNTY MEDICAL SOCIETY.—Dr. Lewis A. Sayre presented a resolution to the effect that the delegates of the County Medical Society to the approaching meeting of the State Society at Albany should be instructed to vote in favor of the repeal of the Code of Ethics adopted at the meeting last year, and that they should be requested to use their best efforts to secure the passage of the same. On this resolution Dr. Sayre called for the ayes and nays, so that the position of all present in regard to the matter might be permanently recorded. There were at the meeting, unfortunately, a number of those officious members who were most active in carrying out the measure which disgraced the New York State Society in February last, and which has since been so universally and severely criticised both in this country and in Europe, and who, with their usual effrontery, had evidently turned out in force for the express purpose of choking off discussion on the subject. Through their efforts Dr. Sayre's motion was laid on the table. Dr. T. Gaillard Thomas, who was prevented from being present by being suddenly called out of town on professional business, wrote to say that he regretted this absence very much, as he should have liked to speak in favor of the resolution. "I believe," he continued, "that I represent the feeling of the majority of our best conservative men in saying that I consider the breaking down of the barriers, as was done last year, as disastrous in its effects, and very much to be regretted."—*Boston Med. and Surg. Jour.*

AVOID TOO MUCH LAW.—These wise words should be well considered by the profession at large, since the tendency every where in the profession, state and national, is to look to law as the universal remedy for all the ills of the body medical. Dr. Holt, in an address to the New Orleans Medical and Surgical Association, from which we make this extract, speaks of the chaotic condition into which the profession of New Orleans had been driven at one time by too much ethics, too much regulation. "A sense of unseen danger compelled the inquiry, What is the stone of stumbling and rock of offense upon which these associations have wrecked themselves? Too much legislation. What was the cause of death? They were drowned in too much law. Why does it delight medical men to legislate and create much law? Because they, like their ecclesiastical brethren, are conservative and behind the democratic spirit of the age. They love to exercise authority one over another, and hallow the precepts and examples of their predecessors, back to the darker ages, and so venerate and adhere to the methods of discipline through '*the medicinal pain.*'" Dr. Holt herein uses conservative in its original and true sense, in which sense it is exceptionally used in the United States. A conservative is a Bourbon, an old fogy, a mossback. He neither learns nor forgets, but conserves whatever he imbibed or absorbed in his youth.

MALARIA.—The subject of malaria and its causation is becoming increasingly important from the business point of view as well as from that of the physician and sanitarian. The question as to the dependence of malarial fevers upon the presence of mill-dams may involve large commercial interests, as in the recent trial in Massachusetts, thus bringing it before the courts, and then something more than hypotheses and conjectures are necessary.

The prevailing scientific opinion at present is that malaria is caused by micro-organism, and several observers claim that they have demonstrated the particular germ. Unfortunately each one has found a different form, while a number of competent observers have not as yet found any form which they are willing to accept as the specific germ.

We have thought that our readers would be interested in a statement of what is really known on this matter, and what is as yet mere conjecture, and have, therefore, induced Dr. George M. Sternberg, of the United States Army, who has made a study of this subject for the National Board of Health, to prepare for the Sanitary Engineer a series of papers, the first of which is given in this number. When the publication of these papers is concluded we may have some comments to make. At present

we need hardly assure our readers that Dr. Sternberg is good authority on the subject of which he writes.—*Sanitary Engineer.*

[Our readers will remember that a short time since the Sanitary Engineer thought there was no malaria in the State of Massachusetts.]

WHO WAS HE?—In an excellent article on Fashion in Medicine, the Western Medical Reporter says: Sir Charles Lamb once remarked, that We often laugh at the folly exhibited in a large flock of sheep, by their great haste to jump a fence, just because the principal sheep in the flock led the way, but we forget that we sometimes are governed by the same influence.

So in medical science. We are too apt to rush off after some new theory, just because one of the leading workers has declared his faith in that direction. The great Vienna "Simon" (Billroth) says, "thumbs up," and up go the great surgical thumbs all over the world; and alas! for the poor stomach that must be resected. And Lister declares for spray and gauze, and he who fails to use them is not in fashion.

[The amiable and guileless Israelite, Chas. Lamb, whose humorous and pathetic, eloquent and gentle, essays have given the world so much pleasure, was never more than plain "Mr." in a very small and modest way. The Reporter's comments on the ovisic tendency of our profession is quite apropos, but it is innate and ineradicable.]

THE MOON AND THE WEATHER.—At the last meeting of the British Association, Sir W. Thompson delivered an address upon the tides. While explaining the theory of the moon's influence on the tides, he incidentally touched on the supposed influence of the moon's changes upon weather, and pointed out that the comparison of most careful and complete indications of the barometer, thermometer, and anemometer, and the times of the new and full moon and half moon, had failed to establish any relation whatever between them, and had proved, on the contrary, that if there was any dependence of the weather on the phases of the moon it was only to a degree imperceptible to ordinary observation.

THE WRONG CONSULTANTS.—"And Asa, in the thirty-ninth year of his reign, was diseased in his feet until the disease was exceedingly great; yet in his disease he sought not the Lord, but the physicians. And Asa slept with his fathers."—(2 Chronicles, xvi, 12.) Medicine has vastly improved since Asa's day, and the Great Physician, as appears in the sacred records, in former days gave greater personal attention to physical troubles than He does now. This is readily explained on rational grounds. In infancy and childhood parents nurse and coddle and clothe and feed their offspring. When the child is grown older and stronger and wiser, parental watchfulness is diminished and the child is trusted to take care of himself. Asa's foot-trouble was probably erysipelas, since syphilis, guinea worm, or gout in the feet would scarcely have killed him, and cancer of both feet is exceedingly rare. Asa's doctors were ignorant of quinine and tincture of iron, and without these remedies the treatment of erysipelas is, at least, unsatisfactory.

A POOR PROFESSION.—A parish appointment is now vacant in Edinburgh, for which there is the usual scramble. Printed testimonials recounting the mighty works and honors of the applicants are being circulated in all directions. The whole performance would be ludicrous if it were not sad to think that professional men are obliged to struggle so fiercely for existence. The coveted prize of £60 per annum for attending the poor in some of the worst slums of Edinburgh will probably fall to the candidate who is the son of some tradesman on the Town Council, or who has married the daughter of some Free Kirk minister. *London Medical Press.*

GOOD NEWS FOR CIVILIZATION.—With regard to the home consumption of wines, spirits, and beer last year, the English records show the consumption of imported wine was nearly eight per cent less last year than the preceding year, and nine per cent less than in 1880; in imported spirits the decline was at the rate of one and a quarter per cent on 1881; in home-made spirits, for which the returns are only made up for nine months, the decrease was one per cent. Allowing for increase of population, the rate of decrease in the home consumption of spirituous liquors is very marked. At the same time there has been a remarkable growth in the consumption of tea. So far, last year compared with the preceding, the growth has been at the rate of three per cent; in cocoa it was eight per cent.—*The Medical Press.*

SANATIVE INFLUENCE.—"Be you Dr. Frank Hamilton?" asked a countryman encountering Dr. Hamilton, the New York surgeon. "That's my name," said the doctor. "Well, I thought as I was in town for a day or two, I'd just call around and thank ye." "You're very kind, but I was not aware that you were under any obligation to me." "That's what I came to tell you about. It's this way: I'd been sick for more'n three years with the rheumatiz, all the time a-groanin' and a-cussin' and a-growlin', but the very minnit I see your bill for hoverin' around our late President, Doc., I got well. You can't spare no time to come out and take a drink, can ye?"—*Brooklyn Eagle.*

THE ZYMOTIC THEORY OF DISEASE.—In Sir John Pringle's work on Diseases of the Army, published one hundred and forty years ago, the germ theory of disease is taught. Sir John gave further the results of some observations which show his belief in the convertibility of certain forms of zymotic disease to other forms—diseases which physicians were accustomed to regard as of a different type.—*Boston Jour. of Chemistry.*

So did the ancient Galen; and later Hudibras thus expresses the idea:

> Big fleas have little fleas upon their backs to bite 'em.
> And little fleas have lesser fleas, and so *ad infinitum.*

LIFE INSURANCE.—Lamson, the American who was lately executed in England for poisoning a relative, had a life insurance of £1,000, payable to his widow. Immediately after his execution claim was entered for its payment, but the company objected on the ground that the assured had died neither from natural causes, disease, nor unavoidable accident. The estate claimed that though the death was a violent one, it was in no sense like a suicide, which would, of course, have annulled the policy. The company paid the claim under a formal protest.

THE MEDICAL AGE THUS CONDOLES: "The Maryland Medical Journal has reorganized and enlarged its staff. It now has fifteen editors, of whom Dr. Ashley is chief. We extend our heartfelt sympathies to our afflicted brother." Thus plaintively wails the merry Mudheron of the Michigan marshes, who, evidently, is already wearied and worried by his four editorial associates. The associates have our sympathy.

HERBERT SPENCER.—An exchange alluding to the recent utterances of Mr. Herbert Spencer, while in New York, upon overwork among Americans, states that Mr. Spencer is now suffering from insomnia as a result of overwork, and thinking of little else than his condition speaks accordingly. The adulation which has been showered upon the great philosopher in consequence of these expressions has seemed to us altogether unmerited, since the same views have often been expressed by American physicians.

TO GAZETTEER MEN who persistently importune us to subscribe for directories containing the names of leading physicians, we have only to say we have no need of their goods. We can generally find the names of most of the eminent men who do not take the Alienist and Neurologist among the recommendations of the proprietary medicines asking our daily attention.—*Alienist and Neurologist.*

BLESSED is the college, and especially the medical school, says the Boston Medical and Surgical Journal, which is so munificently endowed that it can fix its standard of scholarship independently of the necessity to make living for itself; in fact, which can from the first adopt the position of the sought and not the seeker.

SHAVING THE QUININE-TREE.—The Ceylon Observer reports the practice pursued for some years of shaving bark off living cinchona trees has not been productive of any ill effects. The bark "renews" with even a larger percentage of alkaloid. Some trees have been thus treated on five successive occasions without their vitality having been in the least impaired.

A HOMEOPATHIC physician in Switzerland advertises that he performs "surgical operations *milder* than any physician of the other school." At last we know what a homeopathic surgeon is.

THE DEATH OF MRS. BEARD —Mrs. Elizabeth A. Beard, wife of the late Dr. George M. Beard, died of pneumonia at the Grand Hotel, New York, January 31st. Only last week her husband died of the same disease!

IT is a pity that lovers of controversy do not read more and write less.—*Prof. W. K. Bowling.*

The Louisville Medical News.

Vol. XV. SATURDAY, FEBRUARY 10, 1883. No. 6.

LUNSFORD P. YANDELL, M.D., - - }
L. S. McMURTRY, A.M., M.D., - - - } Editors.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITORS OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

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440 to 446 West Main Street, Louisville, Ky.

THE KENTUCKY STATE BOARD OF HEALTH.

In a recent number of the NEWS we made some comments upon the methods of the State Board of Health of Kentucky. In so doing we were actuated solely by an appreciation of our privilege and duty to discuss in these columns and present to our readers all matters of interest that concern the profession. In the article referred to we called attention to some of the absurdities and notorious errors contained in the last annual report of the board, and more particularly to the failure of the board to secure a quorum of its membership at several of the appointed sessions of 1882. We also alluded to the absence of any report, through the medium of the secular or medical press, of the proceedings of the board at the session rumored to have been held in this city in January. Our remarks were suggested by the detailed report of the proceedings of the Michigan State Board of Health contained in the same number of this journal.

The Louisville Commercial, a bright and wide-awake newspaper, in criticising our editorial falls into some errors which deserve attention. The Commercial maintains that it is unjust to the State Board of Kentucky to institute a comparison of this board and the Michigan State Board of Health, from the fact that the latter board "includes some of the first scientists of the country." In other words, we can not have such a Board of Health in Kentucky as now exists in Michigan or Illinois or Tennessee or North Carolina because we have not the necessary material in the profession of the State. We doubt if the editor of the Commercial realized the dubious nature of his defense of our board when he penned these lines. We must, in all earnestness and candor, protest against such an injustice to the medical profession of Kentucky. Comparisons such as this are almost always in doubtful taste; but, with no disparagement of the attainments of our brethren in Michigan, we claim for the profession of Kentucky as high order of talents, as much advanced scientific knowledge, as thorough practical ability, combined with as much culture, as can be found in an equal area anywhere in the United States.

Our excellent contemporary is also in error when it attempts to excuse the inefficiency of our board by stating that it has been in existence only three years. The act creating the present board was passed in the winter of 1877–78, and the board held its first meeting in Frankfort in the spring of 1878. It is the perpetual apology of the board that it is just making a beginning, and hence its work must be regarded leniently. The truth is, the board displays less energy now than at any previous time in its history, and exhibits no enthusiasm on the part of its membership, and no activity or enterprise in the administration of its functions.

The State Board of Health, as now organized, is handicapped by insurmountable obstacles to the successful discharge of its offices. Two members of the board never attend its sessions, and take no interest whatever in its work. The really efficient and worthy members of the board are discouraged and rendered apathetic by the inefficiency of their inactive confrères. They are also well aware that the work of the board only appears in name, and that they can

accomplish nothing in the existing state of affairs.

It is the perpetual cry that nothing can be done unless a larger appropriation is made for the work of the board. Every physician knows the present appropriation is altogether too meager for the work assigned an efficient State board of health. For the work of the board as now conducted, however, the appropriation is ample, and more than ample. If the board will secure the coöperation and support of the profession of the State, and demonstrate its utility to the public by its labors, there will be no difficulty in securing the necessary appropriation. Sanitary science and sanitary measures have never before been in such high favor with the public and the profession as at the present time. Our State Board of Health failed to win the confidence of the profession in the first year of its existence by certain irregularities in its executive arrangements. The change which was made has failed to recover the ground lost, and lack of energy and general inefficiency have been conspicuous. There is nothing practical in the little work which is now conducted. Public confidence and professional coöperation are most needed by the board. After this will come increased appropriation; but when so little is given in return for the annual expenditure of public money as now obtains, it is useless to expect further aid. Indeed, if the existing condition of affairs is continued, we doubt if the next General Assembly will make any provision whatever for the preservation of the public health. The Board of Health should demonstrate its capabilities for usefulness to the public and the profession. This can only be done by honest, faithful work and by giving in an open manner to the public a knowledge of such work. The sessions of the board should be conducted with open doors. There has already been too much secrecy about its operations. The annual report is read by very few, whereas the secular and medical press would carry the word of honest and efficient work to every citizen and physician in the Commonwealth. The board should, in the first place, do something in the interest of the public health, and then let it be known that it means to be useful. No honest work is lost, and when the board demonstrates its usefulness a discriminating public will not fail to note it. Both the profession and the public of Kentucky are too honest and too intelligent to fail in just appreciation of honest scientific work in the interest of the public health.

THE PHYSICIAN'S PERIL.

There are few even among physicians who realize the dangers incident to medical practice. We make no allusion at this time to the dangers of contagion and infection by disease and injury which the medical man encounters at all times and without hesitation. We have in mind those perils to life and peace of mind encountered by physicians of sensitive disposition, when beset from within and without by ungrateful and unscrupulous persons. The keenest mortification and most trying pain are inflicted by those whom we have befriended and to whom we turn for succor and comfort when in misfortune or distress. These thoughts are suggested by a distressing incident which comes from abroad.

Dr. W. Whitfield Edwardes, a young and brilliant practitioner of Hounslow, England, was accused by a female patient of an attempt upon her chastity. Being thus assailed, Dr. Edwardes consulted his partner, Dr. Whitmarsh, for aid and advice. The latter availed himself of the opportunity to strike his professional associate and friend a blow by immediately dissolving the partnership, and by giving aid to the persecution.

Dr. Edwardes emphatically denied the charge, but the attack on his character, with a demand for money, was continued.

Being driven hard by his enemies, and possessed of a sensitive nature, he wrote a note for his wife and little boys, swallowed

a fatal dose of prussic acid, and placed himself beyond the reach of every human enemy.

Under the sting of remorse, the woman made a written retraction of the charge. The feeling in the community became so intense that Dr. Whitmarsh was compelled to leave the town. Dr. Edwardes is described as an industrious and studious physician, very popular during his term of service at St. Mary's Hospital, but singularly sensitive and reserved.

The lesson of this painful incident is twofold. First, physicians should never make physical examination of women without the presence of a third person; second, a physician, of all others, should be the last to join in the unjust or doubtful persecution of a professional brother.

Our London Letter.—We need make no apology for surrendering a good portion of our space this week to the very interesting communication of an able member of the profession now in England. Our correspondent has availed himself of the courtesies of friends abroad to acquaint himself with the inner workings and mutual relationship of the British Medical Journal and the British Medical Association. In view of the arrangements now in active progress for the establishment of a journal by the American Medical Association, together with recent comments upon the enterprise from a well-known London physician, the facts so ably and accurately presented by our correspondent will be of great interest and value. We believe the Journal of the American Medical Association is destined to accomplish in America a work corresponding in value and importance to that of the great British weekly.

Smallpox.—From all parts of the country, east, west, north, and south, come reports of fresh outbreaks and alarming spread of smallpox. State health boards every where (except in Kentucky) are active in measures to control and prevent the spread of the disease. In this visitation of a preventable disease we are reaping in this country from the seeds sown among the peasantry of Europe by the anti-vaccination fanatics. The mortality from smallpox among our immigrant population is heavy. During last week eleven cases of smallpox were reported to the Health Officer of Louisville. There are forty cases in hospital and five in the city.

Body-snatching.—In Richmond, Va., in Philadelphia, and in Montreal physicians and medical students are now in jail or involved in legal troubles in consequence of their efforts to procure the requisite material for anatomical study and instruction. The secular press, with characteristic avidity in sensational matters, agitates the subject at every opportunity, and draws highly-colored pictures of the invasion of cemeteries and the spoliation of the graves of well-known persons. To physicians this is thoroughly absurd and sensational. It is well known to medical men that such graves are not molested. It is the bodies of those so isolated from the living by the absence of earthly ties that no one can be shocked by their dissection. which are sought for purposes of anatomical instruction. Placed on the anatomist's table, these bodies add to the good deeds of life by serving the interests of humanity and protecting the living. "Though dead" they "yet speak" of the grandeur of Nature's handiwork, and for protection of the living from pain, disease, and injury. Public opinion needs to be improved and educated in this matter, so that physicians may safely acquire that knowledge which the public demands. It is one of the great public inconsistencies nowadays that physicians are denounced for obtaining the very information the want of which furnishes ample ground for prosecution. Every effort should be made by the profession to secure a more enlightened public sentiment upon this subject.

Selections.

GELSEMINUM SEMPERVIRENS IN TETANUS. We copy from the British Medical Journal the following interesting note furnished by Dr. J. Marion Sims. The case was reported to Dr. Sims by his kinsman, Dr. John B. Read, of Tuscaloosa, Alabama:

Early in September, 1880, I was called to see a strong, healthy mulatto woman, twenty years old, who was suffering from well-marked tetanic convulsions, caused by a broken bit of glass, on which she had trodden two days previously, and which was embedded in her heel.

I administered chloroform to enlarge the wound and to search for the broken glass. It was impossible to anesthetize her profoundly, and her foot was forcibly held by strong assistants while I made free incisions, but failed to find the fragment of glass. The wound was then filled with morphia, and a common poultice applied; and a cathartic was given, which acted promptly.

Knowing well the inefficiency of chloroform, chloral, and opiates in tetanus, I determined to try the effect of the gelseminum sempervirens, because of its well-known power of relaxing all voluntary muscles. I therefore ordered twenty minims of fluid extract of gelseminum every two hours, alternating with the same quantity of liquor potassæ at the same intervals. There was great difficulty in deglutition; but milk and soups were taken in small quantities frequently.

On the morning of the second day there was a slight improvement in the rigidity of the jaw, and the general spasms occurred only every three or four hours. But, as the day advanced, the jaw became more rigid, and there were violent and painful contractions of the muscles on the front and back of the chest. The general spasms also became more frequent, and sometimes occurred during sleep.

The dose of gelseminum extract was then increased to forty minims every two hours. During the third day there was a marked improvement in both tonic and clonic spasms; the medicine was continued in forty-minim doses. By the close of the fourth day the rigidity of the jaws was almost entirely relieved, and the general spasms recurred at longer intervals and with diminished violence. After this period the improvement was rapid and regular, and the dose of gelseminum was reduced to twenty minims, at which it was continued till full convalescence. No remedy of any potency was used after the first six hours but the gelseminum, and there can hardly be a doubt that the cure was the result of its use. The extract was fresh from the laboratory of Tilden & Co., and was given for a week in amounts closely approximating half an ounce to an ounce every twenty-four hours. It produced no other sensible effect than that of controlling the spasms and arresting the disease. There was no dizziness, no dimness of sight, no double vision, and no prostration of strength, as I have seen in other patients with other diseases from much smaller doses of the same preparation.

So far as I am aware, this is the only instance in the records of medicine of the use of gelseminum in the treatment of tetanus, and the result here is certainly encouraging.

As the gelseminum exerts such powerful control over spasms of the voluntary muscles, I would advise its use in hydrophobia, and I would suggest that it be used hypodermically, whether in tetanus or in hydrophobia.

IPECACUANHA was introduced to the profession in 1649, by Piso, as a specific for dysentery. In 1823 Chapman wrote, "For fifty years it has been celebrated in all parts of the world as a specific for dysentery." In 1775 Shaw, in a note in his edition of Sydenham, says, "Ipecac is a specific for dysentery."

The celebrated Helvetius being in Paris when the Dauphin, son of Louis XIV, lay sick of a dysentery, and having some of this root with him, with a full knowledge of its virtues, offered it to the physician of the king, who used it to the rapid cure of the heir to the throne. The mortality from acute dysentery in Southern India, under mercurial treatment, was 7.1 per cent. Under the general introduction of ipecac in full doses it fell to 1.3. Dr. John Estin Cooke, of Kentucky, in his essay on autumnal diseases says: "Dysentery is another form of autumnal fever, to be treated in every point as such a fever. Up to the year 1816 I never met with any difficulty in treating dysentery with ipecac alone, but in the epidemic of that year gastric irritability was so persistent as to force the abandonment of it for a while. The ipecac-treatment had been laid aside for some time, when I was requested to visit a young negro. He had taken oil, etc., for several

days, without relief. As I rode up his groans were distinctly heard at some distance. I immediately gave ten grains in a little water, and with such effect as I can never forget. In five or ten minutes he was perfectly easy. Three doses of ten grains each were left for him, to be taken, one at night, dawn, and at noon, and if at any time he should feel more pain, etc. to take one immediately. During the third day he got seventy grains divided into three doses, the object being to give as much as could be retained; the fourth day four doses of twenty grains; the fifth, six doses; the eighth, six, of twenty-five grains. The medicine operated freely every day, discharging deep green matter, and the patient recovered."

This was the beginning of ipecac, and it is curious to observe how the idea of Piso, as to the dose and capabilities of the drug, have been copied by medical writers for two hundred and thirty-three years. The root, unfortunately, I think, was also an emetic, and when every thing was sympathy, and the stomach the center of sympathies, the emetic quality of the root took the bit into its teeth and ran away from and covered with dust its divine power of jugulating that concentration of agonies conventionally denominated dysenteria.—*Prof. Bowling in the Southern Practitioner.*

Mr. J. N. C. Davies-Colley lately reported to the Clinical Society of London a case of enormous enlargement of the lower lip, cured by operation. Richard B. D., a clerk, aged thirty six, was admitted to Guy's Hospital in August, 1881, with a remarkable swelling of the lower lip. Fourteen years before he had a chancre (?) on the penis, followed by soreness of the tongue and swelling of both lips, especially the lower. There was never any rash on the skin. He was a very great drinker. The lower lip was of enormous size, everted and pendent, so that its border was on a level with the tip of the chin, while the lower teeth were in front completely exposed to view. The mucous membrane was fissured in parts, but otherwise natural. The tissues were a little firmer than usual, but not at all indurated. There was a little tenderness on pressure. From side to side it measured three inches, from above downward an inch and a quarter, and in thickness seven eighths of an inch. The upper lip and tongue showed signs of chronic inflammation. There was no enlargement of the adjacent glands. He left off smoking, and was at first treated with anti-syphilitic remedies. The mucous membrane became more healthy, but the lip remained of the same size. Some reduction was then effected by pressure between thin slips of wood. The lip became smaller and flaccid, but was still everted and pendent. On November 8th a V-shaped piece was removed from the center of the swollen lip, and a rapid recovery ensued. When last seen he had no longer any eversion of the lip, which had assumed a perfectly healthy and normal aspect. Mr. Davies-Colley brought the case forward as a striking example of the enlargement of the lip which occasionally results from chronic inflammation. There was nothing in the patient's family history to indicate a scrofulous tendency. The evidence of secondary syphilis was doubtful, and there was no record of mercurial salivation. On the whole, Mr. Davies-Colley was disposed to attribute the disease primarily to syphilis and secondarily to the irritation of the inflamed surface by excessive smoking. Mr. Clement Lucas had seen this case, the interest of which, he thought, lay rather in its cause than in its cure. He believed that any chronic ulceration of the lip might produce such hypertrophy. He thought that the so-called strumous lip was far oftener due to congenital syphilis than to struma. He suggested that the internal use of mercury might have had some effect upon producing this hypertrophy. He remarked, too, that smoking was very injurious in those suffering pain from secondary syphilis, as it kept up the ulceration of the lips and tongue. He referred to a young lady who suffered from chronic thickening of the upper lip, in which there were two lateral incisors which were carious and stopped, and at the bottom of one of them was a sinus. On extracting these two teeth the edema quickly subsided. He asked whether the teeth in Mr. Colley's case were all sound. Dr. Hadden thought that this hypertrophy corresponded to a form of lymphatic obstruction which had been described by certain German authors as occurring in the tongue; the microscopic appearances bore out this view. He did not think the evidence pointed to the syphilitic nature of the affection. Professor Lister thought the case very interesting from its rarity, and also from the success of the treatment, for the part of the lip left behind returned to its normal size, and in this respect it resembles the contraction of a hypertrophied tonsil after excision of its more prominent portion, with at the same time lessening of the thickening of the Eus-

tachian tube and the neighboring parts, and thus improvement of hearing so often observed after this simple operation. This same thing happened in lipoma of the nose. In a case where he had removed the greater part of a large unsightly mass of chronic inflammatory thickening, the neighboring diseased part of the skin improved and the nose was now almost normal. Dr. Meadows mentioned the case of a lady with enlarged mons veneris and labium, which he removed with an écraseur. Although only thirty-three years of age, menstruation entirely ceased in two or three months, probably from sympathetic atrophy of the ovaries. Mr. Davies-Colley remarked that the tension of the parts of the lip left and the correction of the pendulous position of the lip were important in leading to the recovery of the parts not excised. He did not see any evidence of lymphatic obstruction; there were no enlarged glands. He had no note on the condition of the teeth except that the necks of the exposed teeth were denuded by retraction of the gums, and were thickly covered with tartar. He thought the hypertrophy was due to secondary syphilis and to the continuous irritation of tobacco smoke. *Lancet.*

NEW OPERATION FOR SPINA BIFIDA.—Mr. A. W. Mayo Robson showed a child, six weeks old, upon whom, when six days old, he had performed a new operation for spina bifida. (Report to the Leeds and West Riding Medico Chirurgical Society in British Medical Journal.) The redundant parts removed by the operation were also shown. After the removal of these parts and after stitching up the arachnoid over the spinal canal, periosteum from a rabbit was inserted between the meninges and the skin so as to cover the gap in the bones. The wound had perfectly healed; the skin over the lumbar region was quite level; there seemed to be no tenderness on pressure; the child looked strong and healthy. The sac, examined by Mr. F. H. Mayo, was found to be of the size and shape of half a swan's egg; the wall consisting of true skin and subcutaneous tissue lined by serous membrane. At one point the sac was very thin and transparent, appearing to consist only of the serous membrane covered by a thin layer of epidermis, when fresh minute blood-vessels could be seen to ramify over it. Mr. Robson drew attention to the following points: (1) The operation was performed with full antiseptic precautions, eucalyptus air being used instead of carbolic spray; (2) the meninges were closed by uniting the serous surfaces, as in peritoneal surgery; (3) the transplantation of living periosteum and its continued vitality; it had not yet, however, formed new bone; but already the covering of the canal had a greater than mere skin-firmness; (4) the entire absence of bad symptoms in the child, operated on at so early an age, was noticed.

DIAGNOSIS OF LUPUS.—By Dr. McCall Anderson, in Medical Times and Gazette:

Lupus Vulgaris.	*Epithelioma.*
1. Commences usually before the age of twenty-five, and often much earlier in life.	1. Occurs usually in persons getting up in years.
2. An indolent, painless affection.	2. Tingling, and pain often lancinating in character, common.
3. Edges of patches, though often round and elevated, are soft.	3. Edges hard, everted, and often having a glistening, translucent appearance.
4. Ulcers in most cases superficial, soft, throwing out profuse granulations, and edges often undermined.	4. Ulcers oftener deep, hard, with uneven, finely granular appearance, and exuding a sticky fluid, which gives a varnished appearance to the surface.
5. The nose is the part of the face oftenest attacked.	5. The nose is not more frequently involved than other parts of the face.
Lupus Vulgaris.	*Late Manifestations of Syphilis.*
1. Commences early in life, generally before twenty-five.	1. Appears usually after the age of twenty-five.
2. Often a history of hereditary tendency to strumous affections.	2. History of syphilis having been acquired.
3. Oftenest met with on the face.	3. On any part of the body, though often upon the face.
4. Ulceration has tendency to throw out profuse granulations, and edges often undermined.	4. Ulceration as if cut out with a punch, and base ash-gray.
5. Color of eruption yellowish red or violet.	5. Color of eruption in the chronic stage usually coppery.
6. Often of many years' duration.	6. Chronic, though not nearly so much so.
7. Cured by the use of caustics and anti-strumous remedies.	7. Cured by mercury or iodine.
8. Often other manifestations of the strumous diathesis.	8. Generally other manifestations of syphilis.

A SALIVARY CALCULUS weighing thirty-six grains is reported by Dr. Henry W. King, M.R.C.S., in the British Medical Journal of January 13th.

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, FEBRUARY 17, 1883.

Original.

ASTHENOPIA, ITS CAUSATION AND TREATMENT.

BY GEO. P. HALL, M.D.

In this paper, the scope of which is necessarily limited, I could not hope to treat the above subject in any very analytical way; hence my remarks will represent merely an outline thereof.

In touching upon the subject of asthenopia I do so in the hope that its importance and relative frequency may claim the attention and interest it deserves. There are three forms—the retinal, the muscular, and the accommodative—but I shall remark on the last named only. It is true the muscular and accommodative forms are often so intimately co-associated that there is no practical distinction to be made between them, and they must of course be treated together; but many cases occur in which, according to recognized tests, the muscular equilibrium must be considered good, yet the eyes are more or less asthenopic. Asthenopia is apparently much oftener met with now than formerly. This may be because it was not so readily recognized previous to the discovery of the ophthalmoscope; but its increase is, to say the least, the concomitant, if not the effect of our modern civilization. Asthenopia was formerly thought to be some grave organic nerve-disease, and previous to the brilliant discoveries of the ophthalmoscopic era by Helmholtz, Donders, Graefe, etc., it was actually treated as incipient amaurosis, by means of blisters, seatons, irritants, mercury, and low diet. Well may we admire then the *vis medicatrix naturæ* which enabled those cases that did recover to do so in spite of ill treatment.

Accommodative asthenopia is that condition of the eye in which the accommodative muscle tires readily or is unable to keep up any prolonged effort. Patients thus affected are often laughed at by their friends for complaining so loudly when their eyes present such a healthy external appearance. In describing the symptoms I can do no better than employ the graphic description of Dr. Agnew,* who says, "If you, wishing to avoid leading questions, ask them to tell you in the fewest possible words why they seek advice, they will probably answer in some one of the following phrases: 'My eyes are weak; they burn; they blur; they give out; they water and feel badly on sewing, reading, or writing; they swell up or twitch; they become troublesome on use, and cause my head to ache; they make me dizzy; they give me pain in my back; they nauseate me; the eyes become dry, are sensitive to light; there are floating specs; the eyelids become red and stick together in the morning; I can not use my eyes much at night or when I feel bodily fatigue.'" Many of these cases can not stand the least work, even five minutes sufficing to bring on the distressing symptoms.

The causation of this affection is attributed to a number of agencies. Any thing producing an impairment of the general health or in any way lowering the general tone of the body, may be set down as a predisposing cause. Errors of refraction constitute a powerful predisposing cause, while overwork is generally the agent which precipitates the attack; and by overwork is not meant any great amount of work necessarily, for what will break down one eye will often be pleasantly borne by another. In the way of work the eye is a much-abused organ. Pale, cachectic individuals suffering from malnutrition superinduced by dyspeptic ailments and their unhealthful mode of life, producing weak, irritable hearts, flabby muscles, and shattered nervous organizations, withal expect to work their eyes *ad libitum*.

*Report of Fifth International Ophthalmological Congress, 1876.

The fact is that the strength of the eye-muscles corresponds pretty closely to that of the other muscles of the body; and if the latter will not bear much work, the former can not be expected, as a rule, to bear proportionally more.

The laity are perhaps more ignorant than they should be of the eye; not that they are expected to understand its anatomical conformation or the scientific principles of optics, but more of a knowledge of the functions of the eye, its use and abuse, should be taught in our school-systems. People should be brought to understand the important effect good and bad eyesight produces on the training, character, and whole future life of every individual. They should at least learn not to overtask their eyes, nor to disregard the warnings of nature when she informs them, in language peculiar and emphatic, that the eyes are tired and need rest. We would naturally expect to find asthenopia oftener among students than any other class, and such, I believe, is the fact.

Astigmatism and hyperopia are peculiarly apt to cause accommodative asthenopia. Why this should be true of hyperopia we can readily understand by remembering the unnaturally short antero-posterior diameter of the hyperopic globe. In the oversighted eye we may say that distinct vision never occurs at any distance save by an extra expenditure of force upon the part of the ciliary muscle, while in the normal eye distinct vision at a distance obtains with that muscle in repose. Is it, then, any wonder that the oversighted eye under prolonged use, and often abuse, should break down? Some hyperopic eyes nevertheless are as strong and as good for all practical purposes as a normal one. The reason is that in an individual with good health and muscular development the ciliary muscle of the short eye becomes gymnastically trained and is actually stronger than that of the normal eye, as is shown by its greater accommodative range. In the normal eye asthenopia is generally caused by overwork associated with impaired health.

Uterine disturbances form in the female a prolific source of asthenopia; nor is special treatment here of much avail until the uterine disturbance has been thoroughly looked after. The most stubborn cases I have yet encountered belong to this class, and not infrequently have I seen the most moderate use of the eyes of a lying-in-patient result in asthenopia of several months' duration.

As regards prognosis and treatment, few affections with which the ophthalmologist has to deal are more troublesome to him or annoying to his patient than the one under consideration; and a successful issue in its more difficult phases frequently depends on the unflinching energy and the scrupulous nicety of detail with which the treatment is prosecuted. In some cases, it is true, we may make a brilliant stroke and relieve the difficulty at once by the judicious selection of lenses, but often we meet with those troublesome, obstinate cases which demand for their relief the most skillful combination and disposition of the forces involved in sanitary regulation, hygienic management, and general medicine, in addition to what may be of an ophthalmic or special nature. Again I quote from Dr. Agnew, as he wisely remarks: "The observer must also be posted as to his own ignorance, and know when to call in other observers to throw new light upon the case."

In the treatment of asthenopia the first step, of course, is to eliminate the cause, if possible. We should interrogate the different organs of the body, and treat them as their needs require. We should look especially after the digestion and assimilation, or, in other words, see if our patients are good tissue-builders, and, if they are not, teach them to become so. We seldom forget to see if the kidneys perform their functions properly, but not infrequently pass by unnoticed their chief assistant, the skin. This is a mistake that is more than apt to react on him who commits it, and I fear it is too often committed in our warm climate. We all know that the skin has important physiological relationships existing between it and every other part of the body, so if its duties are improperly performed the onus falls on some other organ and perhaps helps to cripple it. A very good plan, upon first rising in the morning, is to slap and dry-rub the entire surface of the body with "hair mittens and strap." This may be repeated at least four times a week, and should be followed occasionally by a sponge-bath at a pleasant temperature, say 75° or 80° F. From these baths the patient should always react promptly, and immediately afterward should be briskly rubbed with a fluffy Turkish towel until the skin is thoroughly dry and a sense of warmth and glow is felt. An occasional Turkish or Russian bath will be found to assist matters materially. Under-clothing should be frequently changed, and what is worn during the day should

never be used at night. In these cases it is also often necessary to place our patients upon a more or less strict dietetic regimen, and a very good way to begin is by demolishing the frying-pan. The best dietary is one composed of coarse, farinaceous foods, as oatmeal, cracked wheat, grits, corn bread, beans, and peas. Fruits are valuable and milk is almost indispensable. Beef and mutton are the best of meats, and I think many Texans would do their stomachs as well as themselves a positive kindness to eat less fat bacon, especially during the heated term. Pastries may be omitted with benefit; indeed Da Costa says that "pie is the great American dyspeptic agent." Plenty of pleasant, invigorating, open-air exercise should be enjoined, always avoiding fatigue.

We now come to what special measures are needful in these cases, and the first is rest. Stop all work which puts any strain on the eye, and occasionally, if the health is at par, relief will follow.

In the severer cases and in ametropic eyes perfect rest can not always be secured, even by cessation of ordinary work. Here we have a charming and potential agent in atropia. Two drops of a four-grain solution of the neutral sulphate may be dropped into the eyes three or four times daily, and, if necessary, continued for weeks. Under its use the aches, pains, and burning sensations promptly disappear, and patients often discontinue it feeling as if the compulsory rest had given them a new pair of eyes. This agent, however, is not without hazard, and its effects should be closely watched, as in some instances, happily not frequent, it has been known to give rise to serious organic lesions. Smoked or blue glasses should be worn during its use. In ametropic eyes our cases should be studied. Near-sighted eyes are a study in themselves, and we will pass them by, as they are generally complicated with weak interni. In many of these latter cases the ciliary muscle is weakened, only partially developed, or too little used to become fatigued. Regular astigmatism of either kind will, as a rule, bear full correction by glasses. In hyperopia we will have to be guided by the age of the patient, range of accommodation, and the degree of focal error. Some oculists never correct lower than $\frac{1}{60}$, but I am convinced that as weak a glass as $\frac{1}{96}$ will at times be of great benefit. I have recently met with a case* in which a $+\frac{1}{72}s$ with a $+\frac{1}{96}cy$ enabled a gentleman to work well, without which he could not work.

* Reported in N. Y. Med. Record, April 15, 1882.

In hypermetropia we often have to pursue a course of graduated exercise of the eye by means of proper glasses. This is a part of what is known as Dyer's plan, so called after Dr. Ezra Dyer, of Philadelphia, who introduced it into use. It is done in this way: A suitable pair of glasses having been selected, the medical attendant learns the exact length of time his patient can read therewith short of fatigue. He notes this time as so many minutes, directs the reading to be repeated three or four times during the day, as the case will bear, at regular intervals. In the interims the eyes are not to be worked; while on each succeeding day he adds a few minutes to the preceding day's work. The length of the readings are thus to be gradually and cautiously increased until the eyes can work comfortably for a reasonable length of time. This is merely a graduated training of the eye muscles up to a healthy standard. This plan is valuable in normal-eyed asthenopes, but the glasses should be weak convexes, say from $\frac{1}{48}$ to $\frac{1}{72}$. Occasionally an eye is met with that will bear no glass; still the muscle may be trained successfully by the same method. In this way much can be accomplished even in the worst cases; but we must also be careful not to put too much work on the muscle, lest we break it down again.

Dr. O. D. Pomeroy* mentions such a case occurring in the practice of another gentleman, of a delicate, sensitive girl who was brought to read from three minutes up to one and a half hours three times daily, but who, in consequence of over-training, broke down again and had to begin anew. For reading purposes alone spectacles are much superior to eye-glasses. The latter are more apt to be incorrectly centered, giving thus a more or less prismatic power, and compel the reader to bend the neck more; then the back generally bends, the shoulders stoop and the chest sinks in. This produces more or less embarrassment in respiration and return circulation which, if continued, causes an over-fullness of the intra-cranial and intraocular vessels, which may result in something more serious than itself. In ordering spectacles for reading I usually order the arms of the frames tilted at an angle of about 80°, which tends to obviate any necessity for stooping. In reading, even with strong eyes, it is well to rest the eyes every half hour, which is not only grateful to them, but enables them to work longer. No one should read in the recumbent posi-

* New York Medical Record, September 11 and 18, 1880.

tion, nor in railway carriages while in motion. For night work the student lamp gives the best of all lights. The chimney or shade might have a light blue tint, the blue neutralizing in part the orange rays, which are regarded as being most irritating to the eye.

GALVESTON, TEX.

A CASE OF CANCER OF THE GALL-BLADDER.

BY M. MULOT.*

Louise Chapelle, aged sixty-five, admitted to Hospital Beaujon, February 4, 1882, service of Dr. Millard. Her history gave no evidence of antecedent diathesis of any kind. She had passed through twelve pregnancies, six reached full term, the other six did not. Her menses were regular up to her fiftieth year, when they ceased. She was never seriously ill. All at once, however, about three years ago, she had a rather severe attack of bronchitis, which continued for a rather long while, and was followed by digestive troubles. During the last six months, especially, her digestive functions have been performed with great difficulty. She has become much emaciated during the last six weeks. Almost every morning she vomits a glairy fluid, but no alimentary substances. This stage of the disease set in with a sensation of weight in the epigastrium and pains in the loins, which symptoms continued at the time of admission. It was only two days before that the presence of an abdominal tumor had been made out by her physician.

Feb. 4. The patient was quite pale and the skin had a yellowish tint. On palpation a tumor about the size of two fists could be felt occupying almost the whole right hypochondriac region. It was not painful, but hard, and the surface seemed somewhat uneven. It was situated below the false ribs. It was movable and apparently attached to the inferior surface of the liver. It rose and fell with the movements of respiration. There was no cardiac or pulmonary complication. The urine contained neither albumen nor sugar.

Feb. 11. Profuse diarrhea for two days.

Feb. 13. A blister applied over the tumor, which up to this time had been free from pain but now became painful.

Feb. 17. Tumor was softer, and there is less tenderness under pressure. Patient's general condition remained unchanged, except that she was more feeble and had no desire for food.

Feb. 20. Appetite diminishing; the bowels regular during the last few days.

On the 22d of February she vomited several times, and had diarrhea. The tumor remained without change.

Feb. 24. The patient complained of having coughed a good deal during the preceding night; auscultation revealed a few bronchial râles posteriorly; diarrhea still very free; digestion still bad. She daily vomited glairy mucus, especially in the morning, and her weakness was extreme.

Feb. 26. Although she complained of a harassing cough, there was no expectoration and nothing could be heard on examining the chest. The diarrhea still persisted.

On the 28th of February diarrhea had ceased, but vomiting continued. She complained of sleeplessness for several nights. Morphine administered.

March 1. Vomiting had occurred with more than usual frequency during the past night. Ejecta consisted of glairy mucus and small pieces of coagulated milk.

March 5. There had been no vomiting for twenty-four hours. Patient somewhat less exhausted and more cheerful.

This improvement lasted until the morning of March 8th, when she suddenly died, without any one in the ward being aware of it at the time.

Autopsy held the following day. The lungs were somewhat emphysematous at the base and along the anterior border, there were marks of former pleurisy.

The heart was flaccid and covered with a thick layer of fat. Its muscular tissue was in a state of fatty degeneration. There were plaques of atheroma on the aortic and mitral valves; along the free border were a number of hard yellowish granulations. No insufficiency at the aortic orifice. The aorta atheromatous.

The kidneys were the seat of interstitial nephritis; the capsule adherent, on removing it the surface of both kidneys was found to be granular, the cortical substance thin. On the convex border of the right kidney were two cysts the size of a hazel-nut. A cyst of the same size occupied the upper extremity of the left kidney.

The spleen was normal.

The liver was of normal size. That part of the organ connected with the gall-bladder projected below the last rib on the right side.

*Translated by Professor J. A. OCTERLONY, from *Le Progres Medical.*

It was separated from the rest of the liver by a depression corresponding to the last rib, and apparently due to the action of the corset. It was this enlargement of the liver intimately connected with the gall-bladder which during life had been felt in the right hypochondriac region. It had the size of two fists. The apex of the gall-bladder and the cystic duct were easily separated from the liver. But the fundus was intimately united to adjacent liver-tissue, forming with it a hard and irregular tumor.

On cutting into this tumor from above, downward and backward, a thin layer of hepatic tissue was first reached; then we came to the tumor, of white color, of rather firm resistance, rounded in outline, softened at the center which was composed of a caseous pulp. In the midst of this mass were forty-one biliary calculi, each about the size of a large pea, and having several facets. The fundus of the gall-bladder formed the inferior portion of the tumor. At this point the walls had undergone considerable change, but at the apex they were perfectly normal. The cystic duct was normal. The structure of the tumor was evidently cancerous. There were no other cancerous foci in the liver, nor was there any cancerous deposit in the digestive tract or in the genital organs.

It was, then, a case of *primary cancer of the gall-bladder* involving the neighboring parenchyma of the liver.

Miscellany.

Former Mortality at Sea.—Until comparatively recent years, the more vivid dangers of ocean travel completely overshadowed those dependent upon the neglect of sanitary precautious. (British Medical Journal.) The hygiene of passenger ships was looked upon as an impossible and unnecessary study. From the report of Lords Carlisle, Ashley, and others, presented to Parliament in 1849, we learn "that when the system of transportation was first adopted, in some of the eastern voyages *fully one half of those embarked were lost*," while, later on, the loss of from *thirty to forty per cent* was by no means unusual, nor was it even looked upon as either surprising or disgraceful.

December 7, 1853, the U. S. Senate appointed a select committee to consider the causes and extent of the sickness and mortality prevailing on board the emigrant ships on the voyage to this country. The report of this committee shows that, during the last four months of 1853, 312 vessels arrived at New York with 36,950 passengers. On these vessels 1,933 passengers had died at sea, while 457 were sent to the hospitals on landing, there, in all probability, to terminate their miserable existence. Then, for the first time, the propriety of employing regular physicians and nurses and hospital assistants on board of passenger ships became a matter for serious consideration.

That 2,518 deaths should occur among 1,563,644 passengers to New York during the ten years ending December, 1880, or 185 among the 315,850 persons who, during last year, embarked upon English ships for North America, may appear comparatively insignificant, were it not that there are many cogent reasons why the death-rate among these people should be most exceptionally small. They are *a priori* a healthy and a hopeful people, else we may fairly assume that the majority would never leave the certainties of home to face the unknown difficulties of a foreign land. Among emigrants one seldom sees an aged person, and but one fifth are under twelve years of age, and one third females. They are all subject at embarkation to three distinct medical examinations, and passed as healthy. In fact, a majority of emigrants to America are healthy adult males, of whom but an infinitesimal proportion would be likely to die within eight or ten days, unless subjected to extreme hardship; while among the balance of women and children there seems no legitimate reason why the mortality should much exceed the ordinary death-rate of the same class living on land. When therefore we find that the death-rate among transatlantic emigrants at least equals the average mortality among all classes of the stationary population, we see that even now there is among passengers a much larger amount of sickness and a far higher mortality than is justified by the necessities of transit.

[If it be true, as is stated, that the pay of ship surgeons is not only less than that of a second and third engineer, and less even than the ship's stewards, it is not likely that the ship's surgeons are very competent men. First-class vessels certainly should employ first-class medical men. These officers should receive a worthy salary and should be allowed to charge regular fees to the cabin passengers. Now they serve the passengers gratuitously, but expect a present of

some shillings or guineas, like the ship's servants who empty the slops and black the boots.]

THE QUINTESSENCE OF ABSURDITY.—A novel dress has recently been exhibited at the rooms of the National Health Society, Berners Street, London, says the Medical Times and Gazette, intended for the protection of sanitary visitors, nurses, and others who have to enter the apartments of persons suffering from infectious diseases. The garment is of mackintosh, glazed inside and out, and made completely to envelope the wearer, with a hood to cover the head. Only the hands and face remain exposed—a matter considered of little importance, as these can be easily washed with disinfectants. A not less important object proposed to be effected by the use of this dress is, that by its removal when the wearer leaves the sick-room the clothes which have been protected need not be changed, and the danger of the disease being carried from house to house or communicated to susceptible people in public vehicles is obviated. A tight case for the fever-dress to be inclosed in is part of the invention. At the end of the day, or as often as may be convenient, the dress can be cleansed with disinfectants. Further protection is given by a simple form of respirator, which is made of two folds of thin washing-net, between which is placed a layer of medicated cotton-wool, through which the wearer can breathe, though no germs can pass. After use, the wool is burnt and the net washed.

GEN. WOLSELEY ON ALCOHOL IN THE BRITISH ARMY.—Replying to a deputation of the Blackburn Temperance Mission at the residence of Major-General Fielden on the 18th inst., he said that he had always employed the opportunities afforded him to impress the necessity of temperance on those under his command. In the Red River Expedition, against the advice even of the medical men who accompanied the troops, he decided that no spirituous liquors should be taken with the force; and yet no men ever did harder work or behaved better than those on that expedition. In South Africa his personal body-guard consisted almost exclusively of temperance men; and there too the doctors, who had predicted all manner of ills from the absence of grog, had absolutely nothing to do. In Egypt, again, the doctors told him that it was very necessary the men should have grog, and he was obliged, owing to the great pressure put on him, to allow it occasionally; but it was given in very small quantities and rarely, and yet the troops in Egypt were admirable in their behavior. He had long held that drink was the great source of crime, disobedience, and other evils in the army.

GENIUS, TALENT, AND INDUSTRY.—Mr. Richard W. Giles, in a most delightful address published in the Weekly Drug News and American Pharmacist, February 10th, thus concludes. We have seen no definition of genius and talent so correct:

"I will try to illustrate in a somewhat allegorical form the respective characteristics of genius. Genius is a living organism, instinct with its own life, performing its appointed functions spontaneously, as of necessity.

"Talent is an elaborate engine, skillfully devised to move many wheels and to perform divers works, but wanting the motive power.

"Industry is the motive power."

FAITH AND FUNDS.—The "Faith Cure" Establishment of Buffalo, N. Y., has been broken up by reason of lack of funds. The inference is unavoidable that the power of faith may be equal to such a trivial work as the cure of disease, but is not equal to the more arduous task of raising a sufficient supply of money to keep the institution in operation.—*British Medical Journal.*

COFFEE SAID TO BE DESTRUCTIVE.—Drs. Ribeiro Guimaraes and Raposo, of Brazil, have just concluded a series of experiments which prove, contrary to the long-fixed belief, that coffee is an agent of waste or consumption, and not a moderator of organic assimilation and separation, writes a correspondent in the Medical Times and Gazette. They show that under the use of coffee a much greater supply of albuminous food is necessary.

THE LOUISVILLE MEDICAL NEWS has been increased to sixteen pages, and is now one of the best of our weeklies, especially since it has captured one of our editors, Dr. Octerlony, and made him a frequent contributor to its pages.—*The Physician and Surgeon.*

UNWISE.—The decree by virtue of which the retirement of college professors in France has been enforced on their attaining the age of sixty-five has been abrogated.

The Louisville Medical News.

Vol. XV. SATURDAY, FEBRUARY 17, 1883. No. 7.

LUNSFORD P. YANDELL, M.D., - - }
L. S. McMURTRY, A.M., M.D., - - - } Editors.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

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THE DISASTER AT ALBANY.

Our readers are indebted to our esteemed friend, Prof. W. T. Plant, M.D., of Syracuse, N. Y., for the excellent report in another column of the action of the State Society of New York upon its new Code of Ethics. Our correspondent is one of the most judicious and conservative, as well as one of the most accomplished physicians of the Empire State, and gives a faithful account, without comment, of the proceedings of the recent session at Albany.

After a year's deliberation, during which time forty of the sixty component county societies of the State absolutely condemned the new code, the society has affirmed its approval of it. Besides placing itself in opposition to the expressed sentiments of its county societies, which are composed for the most part of general practitioners, the New York State Medical Society severs its connection as a society with the American Medical Association, and repudiates the cherished principles of the entire medical profession of the United States. By this action it is attempted to remove all barriers. The new code virtually declares that any one who may assume the title of physician, whether he be educated or not, whether he be electrician, homeopathist, clairvoyant, midwife, cancer-doctor, mesmerist, physiobotanist, or what not, is a worthy associate of the members of the New York State Medical Society, and that such charlatans and impostors are to be met in the worthy fellowship of consultation, and thereby indorsed before the community as chosen and worthy associates. All this too in matters which involve the responsibilities of the life, health, or death of the patient.

The lay press, seeing only an apparent liberality, applauds this action. This will be the view of many intelligent individuals. Yet, if the New York specialists should succeed in breaking down those division lines which separate scientific medicine and medical quackery, the public will be the greatest sufferer. So completely were the proceedings of the society controlled by certain specialists that the Medical Record, the organ and advocate of the new code, is disgusted, and remarks editorially: "If a stranger had dropped in at any time during the sessions he could very justly conclude that the Medical Society of the State of New York was specially interested in but two things, either the study of diseases of the eye and ear, or the merits of the question of freedom in consultations." Indeed, in looking over the several accounts of the proceedings we can see no place where the modest, well-informed, practical all-round medical man took any conspicuous part in the proceedings. The blatant specialist was on hand, and made himself loud on the management of the eye, ear, throat and skin, and advocated, as a modern improvement worthy of advancing science, liberty in the selection of professional associates.

Among those who stood up for the honor and dignity of the profession were Drs. J. C. Hutchison and E. R. Squibb of Brooklyn, Rochester of Buffalo, Didama of Syracuse, and J. W. S. Gouley of New York City. A protest against a departure from the honored teachings of the Code of the American Medical Association, signed by one hundred and two fellows of the society and headed by such names as Alonzo Clark, Austin Flint,

and Frank H. Hamilton, was presented, but to no purpose. These gentlemen were not present and hence could not vote. Dr. Lewis A. Sayre was confined to his bed by sickness, and hence could not be present.

The disaster at Albany is due to a cause which has carried many ignoble measures in our State and municipal affairs, viz., a reluctance on the part of our ablest scientific men, who otherwise mould professional sentiment, to engage in heated controversial discussions. The meeting at Albany was not representative. The leaders of medical opinion and the acknowledged scientific authorities in New York should have been in person at Albany. The one hundred and two who protested in writing should have protested by so many votes. It remains to be seen whether the forty of the sixty county medical societies of the Empire State, together with that substantial and distinguished element represented at Albany by petition, will accept the situation, or establish, as has been suggested, a new State society and place themselves in affiliation with the profession of the whole country.

One can not but be amused at the frequent allusions of the "new-code" champions to the interference of outsiders, meaning the expressed opinion of the profession through its accustomed channels upon a question involving professional character and conduct. Our New York friends of unsurpassed liberality in consultations exhibit a devotion to the doctrine of State rights which is as sublime as it is ridiculous.

THE KENTUCKY STATE BOARD OF HEALTH. Since our recent comments on this organization, its secretary has made two public demonstrations—an address on the importance of sanitary regulations, and the publication in the daily press of the rules of the National Board of Health relating to disinfection. We have much pleasure in noting these evidences of lingering vitality, and hope that we may soon be permitted to announce that the board will engage in labors more advanced, and that it will undertake some systematic work of more solidity and of more practical value to the public.

THE DIVINE ORIGIN OF COWPOX.—The Lancet copies the following impromptu verse from a London secular paper:

When Io's charms had amorous Jove estrang'd,
Saturnia to a cow her rival chang'd;
Then Venus cried, "The beauty you deface
Shall shield the beauties of a future race;
Her favored offspring shall from earth remove
The direst foe of beauty, life, and love!"

Ancient mythology is as mixed and uncertain in its history as modern theology is in its theories, but the erudite and versatile Mr. Punch, who is seldom wrong on any point, tells us "Io–dide of potash." We should like to ask Mr. Punch, Did Io–dine on potash and die of a surfeit of this salt, or did she take it for lethal purposes, or did she get a toxic dose of it while seeking relief in it from tertiary troubles?

Any thing relating to the goddess Io, the fair white heifer from whose lovely udder vaccine came, according to the verse above quoted, is of interest.

CO-EDUCATION does not seem to prosper at the Kingston (Canada) Medical School. The female students took offense at some remarks of the Professor of Physiology made in the course of the lecture, and left the hall in a body. The male students protested against the admission of women to the lectures, and the Board of Governors has decided that after the present session women will not be admitted to the institution.

DR. B. W. RICHARDSON, one of London's great men, declared in a recent address that he had never seen a healthy child, nor one that had not in it either some ancestral or latent constitutional disease.

Bibliography.

How We ought to Live; A Practical Guide, written in plain, intelligible language, for the Preservation of Health and the Attainment of Longevity; Designed to Enable All so to Live that they may reach Old Age in Health and Comfort. By JOSEPH F. EDWARDS, A.M., M.D., author of How a Person Threatened or Afflicted with Bright's Disease Ought to Live, Dyspepsia and How to Avoid it, Constipation Relieved without the Use of Drugs, Malaria, Vaccination, and Assistant Editor Medical and Surgical Reporter. Philadelphia: H. C. Watts Co. 1882.

We have received from T. W. McClintock, publisher, 448 West Main Street, Louisville, Ky., this portly and imposing volume of more than six hundred pages. The author is favorably known as assistant editor of the Medical and Surgical Reporter, as well as the author of a number of books and brochures on medical subjects popularly treated. The work is divided as follows: Introductory—The Human Body—What is Life? and General Rules for its Prolongation; How to Care for Infants; How to Care for Children at Home; How School Children Ought to Live; Our Houses and Grounds; How to Build and Arrange them; Drainage; Ventilation, Air, and Respiration; How we Ought to Work; How we Ought to Eat—Care of the Bowels—Water; How to Exercise; Bathing; Sleep; Dress; Why we Ought Not to Use Tobacco; Why we Ought Not to Use Alcohol; How to Avoid Disease; How Aged Persons Ought to Live; How a Consumptive Ought to Live; How a Person with Heart-disease Ought to Live; How a Pregnant Woman Ought to Live; How a Nursing Woman Ought to Live; Hints for Good Nursing; Correspondence of Aged Men; A Retrospect of the Work.

How We ought to Live is attractively written, and abounds in useful information. Both the profession and the laity may read it with pleasure and advantage. It deserves success.

Scrofula and its Gland Diseases. An Introduction to the General Pathology of Scrofula, with an account of the Histology, Diagnosis, and Treatment of its Glandular Affections. By FREDERICK TREVES, F.R.C.S. Eng. Philadelphia: Henry C. Lea's Son & Co. 1883.

A brochure of seventy-seven pages by a scholarly writer and an earnest student of medicine. The intricate subject of scrofula is elaborately and faithfully discussed, and the author has compiled, in a condensed form, a large part of what is known, as well as much that has been surmised concerning this morbid condition. But Mr. Treves has not succeeded in adding any valuable information to our unsatisfactory knowledge, nor has he made clear the dark passages nor smoothed the rough ways of this tortuous and multiform malady. This is his definition of scrofula:

> I would define scrofula as a tendency in the individual to inflammations of a peculiar type, the distinctive features of such inflammations being as follows: They are usually chronic, apt to be induced by very slight irritation, and to persist after the irritation that induced them has disappeared. The exudations in those processes are remarkable for their cellular character and for the large size of some of these elements. Such exudations also show remarkable tendency to resist absorption and to linger in the tissues, the affected area becoming rapidly non-vascular. Among the common products of these inflammations are giant cells, and, if a certain stage of the process be reached, tubercles. The tendency of the process is to degenerate, not to organize, and the degeneration usually takes the form of caseation. At the same time these inflammations have a tendency to extend locally and infect adjacent parts, and their products present certain peculiar properties when inoculated upon animals. Lastly, a great feature of all these processes is this: They tend to commence in and to most persistently involve lymphatic tissue, an implication of this tissue being a conspicuous feature in every case of scrofulous disease.
>
> The tendency to this peculiar form of inflammation may be called, if so wished, a diathesis, or, more definitely, the scrofulous diathesis.

Four and a half pages besides are occupied by an unsuccessful effort to make this definition clear.

The paper and print are poor, but the price is proportionately low, and any one interested in the subject, and having ten cents and several hours to spare, will find Mr. Treves's essay a good investment.

Water Analysis, a Handbook for Water Drinkers. By G. L. AUSTIN, M.D. Boston: Lee & Shepard. 1883.

This is a neat little book of forty-eight pages, in which questions relative to drinking-waters, with the readiest means for the detection of their impurities, are discussed without waste of words. Such evidences of pollution as water may present to sight or smell are clearly set forth, and the chemical tests for mineral and organic impurities are, in the main, simple and practical; but nevertheless the work savors too much of technical chemistry and laboratory manipulation to be understood by the laity, for whom especially it seems to have been prepared.

The physician, however, will find it much to his taste, since it gives him many suggestions which he will find of real service in passing judgment upon the waters drunk by those who look to him for counsel in one of the most important sanitary questions of the day.

Dr. Frankland's conclusions as to what must be considered polluted water, and a table of analyses by prominent chemists, which shows the amount of sewage in the waters consumed by the inhabitants of London, Eng., and fifteen of our large American cities, are especially interesting features of the work.

Bacteria and their Presence in Syphilitic Secretions. By ROBERT B. MORRISON, M.D., Baltimore.

This is a reprint from the Maryland Medical Journal of January 1, 1883. Dr. Morrison gives briefly the clinical history of fifteen cases of syphilis attending the clinic of Prof. Neumann in Vienna. In the secretion from the papule or chancre he was always able to demonstrate a peculiar bacterium. His method was as follows: The secretion was removed with a needle, which had been heated redhot, and spread on a cover-glass, which had also been heated, or the glass was placed directly on the sore. After drying, the cover is gently heated over a flame, dipped in acetic acid, and then in alcohol. It is then dried and stained either in methyline blue or, better, by Ehrlich's method. In using Ehrlich's method a weaker acid was used—nitric acid, one part, distilled water, six parts. The bacteria are small, cylindrical rods, generally crowded together in groups. The same bacteria were found in the tissues of chancres and papules. A bacterium was also found in the secretions from chancroids, but entirely different in appearance from that found in chancres.

Dr. Morrison wisely does not jump at the conclusion that these bacteria cause syphilis, as he has made no cultivation or inoculation.

Two plates accompany the article, showing the bacteria (although we would say *bacilli*) in the secretions from chancre and chancroids. J. B. M.

A CASE of cirrhosis of the liver in a child aged three and a fourth years was shown by Dr. H. R. Hutton at a late meeting of the Manchester Medical Society, England.

Correspondence.

NEW YORK STATE MEDICAL SOCIETY.

Editors Louisville Medical News:

The annual meeting of the New York State Medical Society was convened in this city yesterday, and will be continued through to-day and to-morrow.

The president, Dr. Harvey Jewett, of Canandaigua, opened with an incisive and well-delivered address.

Dr. William Manlius Smith, of Syracuse, modest and erudite, filled the secretary's chair.

From the very outset it was evident that the subject uppermost in the mind of every member was "the code." By vote, this subject was made the special order for last evening's session.

The hour came. By 7.45 all the seats in the commodious Agricultural Hall were occupied by delegates, permanent members, members of the profession at large, students of the Albany Medical School, and many others.

The following resolutions were offered by the distinguished, silver-haired, and silver-tongued E. R. Squibb, M.D., of Brooklyn:

Whereas, The special committee on the Code of Ethics, in its report at the last annual meeting, recommended a change in one part of the code which was more in the nature of a revolution than of a revision, and therefore may be more radical than was expected or desired by the constituency of this society; and

Whereas, That report was adopted at a session wherein only fifty-two members voted in the affirmative, and thus legislated for the entire profession of the State on a subject of vital importance, in a direction which may not have been anticipated or desired by the profession at large; therefore be it

Resolved, That all the action taken at the annual meeting of 1882, in regard to changing the Code of Ethics, be repealed, leaving the code to stand as it was before such action was taken.

Resolved, That a new special committee of five be nominated by the nominating committee of the society, and be appointed by the society to review the Code of Ethics, and to report at the annual meeting of 1884 any changes in the code that may be deemed advisable.

Resolved, That the report of this committee be discussed at the meeting of 1884, and be then laid over for final action at the meeting of 1885.

Following the reading of these resolutions, the house promptly resolved itself into a committee of the whole. Dr. Alexander Hutchins, of Brooklyn, a skilled parliamentarian, was called to the chair, and presided throughout the evening.

The battle once begun, hot shot were almost continuously thrown by the great guns of either side. The advocates of "new code" or "no code" were led by the versatile St. John Roosa, aided by Drs. Piffard and Agnew, of New York, Dr. Hopkins, of Erie County, and other lieutenants of equal ability.

By these gentlemen it was contended that the Medical Society of the Empire State is supreme—self-created and self-existent—with power to control and coerce the action of the county societies below it and without organic connection with the National Association other than that of fraternal fellowship; that the American Medical Association is "a sleepy, sluggish organization, still retaining the ideas of 1840, the year of its organization;" that its Code of Ethics is in conflict with State law, which holds all graduates of schools chartered by this State to be legally qualified practitioners; and that an attempt, by society rule, to prevent consultations with any and all physicians, known to the law as such, is an unwarrantable and unjust interference with personal rights. Their case was well and strongly put, and showed most careful preparation.

The other army, led by Dr. Squibb, with such aids as Dr. Didama, of Syracuse, Dr. Rochester, of Buffalo, Dr. Gouley, of New York, and Dr. Seymour, of Troy, made a valiant fight, but was obliged to succumb to a better organized and an outnumbering force. In vain it was contended with earnest eloquence that this society ought in fairness to give respectful heed to the protests of forty of the sixty counties of the State, and to the opinions of medical organizations and medical men the world over; that an abrogation of, or a change in the Code of Ethics, if good for us, would be quite as good for all men every where, and should be attempted to be secured by instructing our delegates to present the views of the society to the National Association; that our late action in regard to consultations had given new heart to quackery, and pain to all right-minded physicians.

Dr. Didama, of Syracuse, made a lengthy address, in which he expressed his high respect for the American Medical Association, and defended its action in refusing admission to its delegates from this society. The repeal of the code severed all connection with that association. This action was taken by fifty-three men out of the three or four thousand in New York. Those in favor were influenced by a few prominent specialists, who clamored that they did not themselves wish to consult with irregulars, but they earnestly desired that others might have this privilege.

Dr. Rochester asked that the subject be considered from a common-sense standpoint. He denied that the abolition of the code of the American Medical Association was demanded by humanity or progress. He said it was an advance backward. He said that the American Medical Association had been denounced on this floor as a junketing, Rip Van Winkle Association. He claimed that it contained the best men in the profession from every State in the Union, New York included. He is a permanent member of both associations, but would rather give up his membership in this society than in the national.

Dr. Gouley offered the following substitute for Dr. Elsberg's motion, which the chair decided was virtually stating again the resolution of Dr. Squibb in other words:

Resolved, That when this committee rises it shall report to the association in favor of repealing the new code enacted by this society in 1882.

Dr. Gouley appealed from the decision of the chair.

Dr. Vander Poel said that this was begging the action of the society, as it was attempting to bind the society by a majority vote to what really requires a two-thirds vote to be adopted.

Dr. C. R. Agnew read a carefully prepared argument, in which he claimed that in adopting the new code the society had merely put itself in accord with the laws of the State, which clearly recognized the existence of other classes of practitioners of medicine. "The man," he said, "whom the State has pronounced to be a legally constituted practitioner you can not disfranchise. Repeal the new code, and you put this society in opposition to the policy of the State, and you attempt to coerce this society into an attitude which no thinking man outside our profession would take."

After considerable confusion Dr. Seymour, of Troy, got the floor and made a spirited speech, after which he read a telegram received from Dr. Lewis A. Sayre, stating that he was confined to bed by sickness, and denying the charge made at the morning session.

Dr. J. C. Hutchison, of Brooklyn, presented a memorial as follows:

The undersigned, members of the New York County Medical Society, hereby express their belief that it is unwise to abandon the code of medical ethics instituted by the American Medical Asso-

ciation in 1847. That any modification that may be advisable should be made by the body in which the code originated, representing, as this body does, the medical profession of the United States; and that we are therefore in favor of rescinding the action respecting the code taken by the New York State Medical Society at the annual meeting in 1882. Signed: Alonzo Clark, Austin Flint, Frank H. Hamilton, and others.

There were one hundred and two signatures, and Dr. Hutchison stated that many more could have been obtained had it been started earlier.

Dr. J. G. Adams, of New York, read the following protest:

As a delegate from the New York Academy of Medicine, I beg leave to record my protest against the recent action of the society of the State of New York in regard to the Code of Ethics, and I charge that the society, by its action in this matter, has assumed an attitude and adopted a policy in direct and open hostility to the honor as well as the best interests of the medical profession. Signed: J. G. Adams.

It was all in vain; for when, at 11 P.M., after a long evening of animated but not angry debate, the ayes and nays were called, the resolutions of Dr. Squibb were declared defeated by a vote of ninety-nine to one hundred and five.

Thus the revolutionary code adopted last year stands at least for another year. Whether it stands longer than that we shall see. I do not think myself that the vote of last evening represents the true sentiment of the majority of the profession of the State. Unquestionably it does that of the great cities of New York and Brooklyn, though from the former city was sent an adverse petition signed by one hundred and twenty names, many of them being the most distinguished in the State.

I have no doubt that the feeling of most of the specialists throughout the State is in accord with last evening's vote. But I am much mistaken if the majority of general practitioners of the State at large, very many of whom were not present last evening either in person or by representation, do not feel themselves outraged by this action.

One thing is certain, they have a vigilant and wily foe to meet, and if they succeed next year in again planting their feet on the old code and in placing themselves in renewed harmony with the American Medical Association, it will only be by organizing their forces and getting them into the field next February; not as heretofore, by rocking themselves to sleep with the lazy lullaby, "Our cause, it is just!"

WM. T. PLANT.

ALBANY, N. Y., Feb. 7, 1883.

SOME PECULIARITIES IN THE ANATOMY OF THE OPOSSUM (DIDELPHUS VIRGINIANA).

[We have much pleasure in publishing the following contribution to comparative anatomy from one of the most accomplished physicians of the South. The observations here recorded were made from original dissections by the author in 1872, and the results forwarded to Mr. Charles Darwin. The great naturalist and philosopher received them with numerous complimentary expressions, and stated that he would utilize Dr. Porcher's work when occasion offered. These observations are now published for the first time.—EDS.]

Editors Louisville Medical News:

In examining into the habits, structure, growth, and development of the opossum I noticed that a change took place in the relative length of their fore and hind legs from infancy to maturity. The fore legs of the young opossum, while it is in the pouch and dependent on the mother for nourishment, are much longer than the hind legs. This is apparently owing to the *use* it makes of the fore legs in pressing on the milk-glands. Afterward the reverse takes place, and the hind legs become the longer, to suit the changed wants and condition of the animal's life.

I have made numerous dissections of this animal. I need not invite your attention to to the muscles (which, I think, are also described by Tyson in the Philadelphia Transactions), which serve to support the great weight of eight or nine young when concealed in the maternal pouch. These muscles are attached (I think) to a prolongation of the pelvic bones, which constitute a portion of the spinal column, an arrangement which tends to increase the strength of parts on which great demands are made.

The discovery of this pair of muscles was original with me, but in reading Tyson's paper afterward I think he also knew of their existence. These could scarcely have been placed there without design, unless we may suppose that continual dragging of the young or "use" developed them. However, their existence is, I think, quite interesting. I do not know if their analogues exist in other animals not marsupial.

I found the muscles when trying to ascertain if the young did not have a permanent existence in the pouch before the fetus had been detected by Dr. Bachman in the uterus, and before I had read Mr. Owen's work.

Neither need I refer to the fact that the mouths of young opossums are closed by a membrane at the junction of the jaws until the jaws become permanently open, when the young no longer require to enjoy the faculty of sticking on to the teats and be carried about.

There are many peculiarities connected with the *Didelphus Virginiana* which render that animal of great interest to the student of natural history. Believing that many interested in these subjects are among the readers of your journal, and desiring to place on record these observations, I forward them to you. To many they will seem superfluous; to some, I hope, they will be interesting.

Very truly yours,

F. Peyre Porcher, M.D.

Charleston, S. C.

Selections.

The Bacillus Malariæ.—No further attempts were made last autumn in the *post-mortem* rooms at the Santo Spirito Hospital, or in the pathological laboratory, by the present professor of morbid anatomy, Dr. Marchiafava, to settle the still undecided question of the existence of a specific bacillus malariæ. (British Medical Journal.) It will be remembered that Professor Tommasi-Crudeli and Klebs made their first researches on the air and soil of notedly malarial localities, exposing the latter to a series of artificial cultivations in appropriate media in the laboratory, and thus isolating the micro-organism, and which they figured and described as the bacillus malariæ. They then tested their discovery by noting the effects of the injections of liquids thus carefully prepared, and containing the bacilli, into rabbits. A micro-organism, similar in appearance to that to which they gave the name of bacillus malariæ, was soon afterward found by Marchiafava in the spleen, medullary canals, blood and lymph of patients who had died of "perniciosa" in the Santo Spirito Hospital. But injections of the blood of fever patients into the trachea and peritoneal cavities of dogs gave only indecisive results. Further, it was shown that the blood of patients with malarial attacks contained no bacilli when the fever was at its height, or in the remission stage; although numerous spores were then seen which, when cultivated, developed into rod-like bodies, resembling in all respects the bacillus described by Tommasi-Crudeli and Klebs. On the other hand, when examinations of the blood of such patients were made during the cold stage, true spore-bearing bacilli were frequently, though not invariably, found. Thus the matter rests at present, obviously still *sub judice*. In the meantime, Professor Tommasi-Crudeli proposes to try the effect of injecting the bacillus cultivation in the same way as formerly, in soil taken from a malarial locality, into rabbits which have been subjected to a prolonged treatment by arsenic, to find out whether the animals thus treated offer any resistance to the action of what he regards as the specific malarial virus. He has often maintained that if arsenic were thus given to those exposed to malarial influences it would act as an effectual prophylactic; and the subject is one of much importance in reference to the colonization and cultivation of the Campagna, or other malarial districts.

Gelseminum in Tetanus.—During the year 1875 Dr. Spratly (says Dr. Wm. Carter, of Liverpool, in the British Medical Journal) communicated to the Liverpool Medical Institution a report of several (I think three) cases of traumatic tetanus successfully treated by gelseminum, the doses of the drug being very large, and the effect in each case eminently satisfactory. One of these cases, which, by Dr. Spratly's courtesy, I had an opportunity of seeing, was very severe.

An Epidemic of Diphtheria from Infected Milk.—Dr. Morell Mackenzie has favored us with the following note of a severe but limited epidemic of diphtheria now raging at Hendon, which has been traced by himself and Dr. Cameron to the infection of the milk-supply. (British Medical Journal.) Although in some previous epidemics a strong suspicion has been entertained that milk was the vehicle of the poison, the inquiries have generally been made so long after the occurrence that it has been difficult to arrive at any certain result. In this instance the facts appear to be conclusive. Fifteen persons were attacked on a single day, the disease in every case being a typical example of what French writers call *diphthérite d'emblée*. All the patients received their milk from the same vender, and no other case occurred among the comparatively large population supplied by other dairymen. It has been discovered that the purveyor of the tainted milk washed his cans in water derived from a brook which contains a large amount of sewage matter. Indeed, up to the present time the whole of the Church End District of Hendon is drained by an open ditch into the Brent, and this ditch passes slightly

above and in close proximity to the brook used by the dairyman in question. In the Tenterden Park District, every household made use of the tainted milk except two. One of these families had cows of their own, and the other had thrown away the milk supplied to them the day before the outbreak began, because it was thought "it looked bad." These two were the only houses in the Tenterden Park District which altogether escaped infection.

THE NUTRITIVE PROPERTIES OF RICE.—The increase in the consumption of rice has lately attracted the attention of men of science in Germany, and an attempt has been made by Professor Voit to discover the relative capacity which various forms of nourishment possess of being incorporated into the system. (Lancet.) He gives this table of the percentage which remains in the body, and of that which leaves it:

	Percentage Incorporated.	Percentage which is not Retained.
Meat	96.7	3.3
Rice	96.1	3.9
Eggs	94.8	5.2
White bread	94.4	5.6
Maize	93.3	6.7
Potatoes	90.7	9.3
Milk	88.9	11.1
Black bread	88.5	11.5

According to these results meat and rice leave the smallest residuum, and occasion the smallest amount of exertion in digestion, and introduce the minimum quantity of ballast into the human frame. Dr. König, of Münster, considers that large masses of people living on rice is easily accounted for, and in summing up the information Professor Voit remarks that potatoes, consumed in excessive quantity, make the blood watery, and the muscles weak. The question of the relative nutritive value of rice and potatoes has been investigated by Dr. König, who says that, if similar quantities of both articles are compared, the former possesses four times the nutritive value of the latter. The introduction of rice as a substitute for potatoes is facilitated by the fact that no such variation takes place in its quality as does with the potato, which is liable to be materially influenced by unfavorable weather.

LEFT-SIDE PAIN.—At a late meeting of the Academy of Medicine in Ireland, Dr. Wallace Beatty read a paper (we extract this synopsis from the Lancet) on the Causation of Left-side Pain, drawing special attention to a form not sufficiently recognized, which was due to a fecal accumulation, and removed by getting rid of the accumulation. The pain was felt over the lower few ribs on the left side, was associated with extreme tenderness on pressure upward of the tenth or eleventh rib, scarcely any pain being left on pressure of these ribs downward, and was relieved when the side was pressed inward with the flat of the hand. He explained its occurrence by the drag of a loaded colon on the pleuro-colic ligament; this constant drag setting up a state of extreme irritability in the nerves of that ligament, so that a painful impression was carried upward along the lesser splanchnic nerve to the spinal cord, and was transferred by the law of irradiation of sensations to the tenth and eleventh left intercostal nerves. Dr. Walter Smith said the pleuro-colic fold had not received the attention it deserved. It certainly was of considerable importance in the investigation of abdominal disease. Dr. Beatty's arguments were valid as explaining certain kinds of left-side pain, but did not explain all kinds. Dr. Wallace Beatty did not wish it understood that he considered left-side pain was caused in every instance by fecal accumulation, but only in cases presenting the symptoms he had mentioned.

NATIVE MIDWIFERY IN RANGOON.—The following case, which occurred in my practice, illustrates the barbarous custom among the Burmese in accouchment. (Dr. James C. Ady, of Rangoon, in the British Medical Journal.) November 25th, I was called to the accouchment of a woman at Dallah. I found the woman much exhausted, and in labor-pains. I was told she was in strong pains for the past four days. On examination I found a tight band encircling the body above the umbilicus. It was with great difficulty that I got it removed. Examining by the vagina, I found the os dilated to the size of a shilling. I used manual dilatation and ergot, and ruptured the membranes, and rapidly brought the head down on the perineum. As the woman wished to attend to the call of nature, I retired, and on returning found the woman again tightly bound up. As I could not get the people to remove the bandage, I told them to give her a little rest, and retired to the next room. Hearing noise and commotion, I entered the room, and witnessed for an instant the process of stamping the child out. Several women were arranged alongside the woman, and one jumped on the body, and stamped vigor-

ously on the abdomen; the woman's legs were apart, and several women were watching the effect, and made an exclamation in chorus each time the head protruded from the vagina, amidst the shrieks of agony of the poor victim. In the short time I witnessed this, I saw the perineum was ruptured to the anus. I caught hold of the woman and swung her off, when the next woman jumped on. I removed her also, when a third took her place. They were so excited that they were more maniacs than sane people. When I found I could do nothing with them, I walked out. In spite of such treatment the woman is living, but far from well.

New Remedy for Syphilis.—Professor Liebreich brought forward, at the last meeting but one of the Berlin Medical Society, a new drug for the treatment of syphilis by the subcutaneous method. This drug rejoices in the name of hydrargyrum formidatum, and is, therefore, merely a different form of the old cure for syphilis. (Medical Times and Gazette.) The mode of its preparation was not stated; chemically, it belongs to the amide group, in whose structure the monovalent amidogen (NH_2) plays an important part. Liebreich was led to think of this new preparation from the notion that the ordinary amides of the body, of which urea may be regarded as the principal one, pass out of the organism in an undecomposed state; when, however, an amide is in combination with a metal, decomposition readily occurs, and the metal is reduced and deposited. Liebreich repeated his experiments before the society, and showed that these conjectures were quite true for the metal mercury. It is supposed, therefore, that the formamide of mercury, after the hypodermic injection, undergoes disintegration, and so the mercury is set free, and is able to exert its well-known power over the lesions of syphilis. The preparation is easily soluble in water, is of neutral reaction, does not coagulate albumen, is not precipitated by caustic soda, and the presence of mercury can be demonstrated by means of sulphide of potassium. The drug, when injected under the skin, produces its effects very surely and rapidly. This is not regarded as a disadvantage, for the medicine is said to be easily borne, and has never produced salivation in Liebreich's hands. There is very little pain attendant on the injection, which has never excited any inflammation. From a half to a whole of a Pravaz syringeful (a one-per-cent watery solution) may be injected twice or thrice daily. Liebreich looks on the preparation as the best we yet have for subcutaneous injection.

Movable Kidneys.—Mr. Egerton C. A. Baines, in British Medical Journal of January 13th: In the British Medical Journal of November 18th Mr. Lawson Tait stated he had never seen a floating kidney, either in life or in a museum. He can now see a specimen, containing also a calculus, which I have recently given to the museum of the Royal Berks Hospital, Reading. The particulars of the case are as follows: S. B., aged sixty-seven, had suffered from albuminuria for several years. Six months ago she consulted me about a tumor, which she said both she and her daughter could move from "front to back." Upon examination I found a floating kidney lying close to the right anterior superior spine of the ilium, and I could readily replace it to its proper position. It had never caused her the least pain or inconvenience. On November 17th she died after a few days' illness from pneumonia. On November 19th I made a post-mortem examination in the presence of a pupil of my partner and our assistant. I found the kidney that could be moved several inches without detaching it. On section it presented the following appearances: The kidney structure had entirely disappeared; in its place was a sacculated cavity. The pelvis of the kidney was occupied by a calculus, weighing four drams, shaped like a map of Italy. The left kidney was enlarged and congested.

Treatment of Internal Hemorrhoids. The following case coming under the above heading aptly proves the use of its subsequent treatment: J. F., aged sixty. I found him suffering from internal piles with prolapsus ani and severe hemorrhage on defecation, or even on walking. He had given up all work. I prescribed the ordinary remedies for three weeks; but as it was quite useless, and the man became so weak from the pain and loss of blood, and the prolapsed bowel, with its congested mucous tissue, so difficult to return, I determined upon the following: I applied a ligature steeped in carbolized oil to the base of a large hemorrhoid, and touched the surrounding vascular membrane with nitric acid, anointed the parts with simple lard, and then with firm pressure replaced the bowel. I kept

him on fluid nourishment, with opiates occasionally for a time, and in a month he was about again in good health.—*Mr. T. Wells Hubbard in British Medical Journal.*

THE MORTALITY REFERABLE TO ALCOHOL.—A long and carefully prepared report recently made by a committee of the Harveian Society concludes: "There is reason to think that, in the metropolis, the mortality among any considerable group of intemperate persons will differ from that generally prevailing among adults in the following important particulars: A fourfold increase in the deaths from diseases of the liver and chylopoietic viscera; a twofold increase in the deaths from disease of the kidney; a decrease of half as much again in those from heart disease; a marked increase in those from pneumonia and pleurisy; a considerable increase and an earlier occurrence of those from disease of the central nervous system; a marked decrease in those from bronchitis, asthma, emphysema, and congestion of the lungs, a decrease nearly as great in those from phthisis, and a later occurrence, or at least termination, of the disease; a very large decrease in those from old age, with an increase in those referred to atrophy, debility, etc., and the addition of a considerable group referred in general terms to alcoholism or chronic alcoholism, or resulting from accidents.—*Brit. Med. Jour.*

REMOVAL OF THE GALL-BLADDER.—Prof. Langenbeck, of Berlin (*Klin. Wochen.*), has recently removed the gall-bladder for the relief of a chronic case of gall stones. An incision was made along the outer border of the right rectus muscle and another at right angles to it, corresponding with the inferior border of the liver. The abdomen was opened, a ligature put on the cystic duct and the gall bladder dissected out. The patient made an uninterrupted recovery.—*Canada Lancet.*

[Two cases of hepatotomy for hydatids are reported by Dr. J. Knowsley Thornton in the Medical Times and Gazette of January 27th. Fifty per cent recovered is the statistical way of stating the result now common].

A CASE of abscess discharging at the umbilicus in an infant is reported by Dr. Stickney, of Holden, Mass., in the Boston Medical and Surgical Journal. We have seen two similar cases in young negroes. As in this instance, death closed the scene.

PROF. JACCOUD asserts that there is no satisfactory proof of the existence of a specific form of bacterium for every form of infectious disease. Bacteria are only bearers of infection, as a fly may become the bearer of small-pox. Bacteria, which are morphologically the same, and appear to be identical, may convey diphtheria, small-pox, or nothing at all, according to their source; and so, also, the intensity or malignancy of the disease conveyed will depend, not upon the specific character of the bacterium, but upon the source from which it came.—*The Medical Gazette.*

THE ACTUAL CAUTERY IN THE TREATMENT OF CORNEAL ULCERATION, ETC.—Mr. Simeon Snell, M.R.C.S., in the British Medical Journal, commends this method. Mr. Snell is surgeon to a blind asylum, and to the eyes of these unfortunates this treatment may do no harm; but it is to be hoped it may not become fashionable thus to treat other eyes. Oculists are too free with their destructive agents, and have far too little faith in the conservative tendencies and powers of nature.

BILLROTH ON EMPYEMA.—In a late issue of the *Wien. Med. Woch.*, Billroth is reported as saying that it is his impression that, notwithstanding the alleged more favorable course of cases of empyema treated antiseptically, yet the occurrence of complications in the form of infective pericarditis and peritonitis is not prevented, and further, that the final results of operation for empyema are really not more favorable than before the introduction of Listerism.

COMPLETE ABSENCE OF LEFT KIDNEY AND SUPRARENAL CAPSULE: RUDIMENTARY LEFT LOBE OF LIVER, ETC.—Mr Gubbin exhibited at the Sheffield Medico-chirurgical Society, England, December 21st, this specimen from a man, aged twenty-four, in the Sheffield public hospital, where, on November 16th, he was admitted for anemia, following a severe attack of hematemesis; the vomiting of blood recurred several times, and he died at the end of a fortnight.

TUBERCULOSIS OF THE FALLOPIAN TUBES. Dr. Justus Schramm, of Dresden, lately contributed to the *Archiv für Gynäkologie* a short paper on the above subject. Out of three thousand three hundred and eighty-six autopsies upon women he found this condition present in about one per cent.

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, FEBRUARY 24, 1883.

Original.

NERVE-STRETCHING AS A THERAPEUTIC MEASURE,*

WITH SPECIAL REFERENCE TO STATISTICS.

BY J. B. KINNAIRD, M.D.

New operative procedures, as well as new remedies, should be subjected to close observation and careful study before adoption. Nothing should be accepted in our profession that can not stand the "crucial test." In many instances it requires years to establish a single fact, and this is perhaps best for science. Medical men are too prone to rush into print with what they consider a new discovery, and in many instances for the sole purpose of gaining notoriety. Having promulgated a new idea, or suggested a new plan, or invented a new device, they will occasionally distort facts and figures to sustain their favorite theories. Therefore it is well to give special heed to the criticisms of an opponent of a new operation, for his opinions should have equally as much weight as the commendations of a zealous advocate.

The operation of nerve-stretching has its opponents as well as supporters. Nerve-stretching was first performed in 1869. In this year Billroth unexpectedly cured a case of reflexed epilepsy by stretching the great sciatic nerve. The epilepsy was supposed to be due to some irritating cause affecting the nerve, but upon cutting down upon the nerve nothing unusual was found. The isolation and rubbing of the nerve resulted in a cure. The first published case was by Nussbaum in 1872. The lower cervical nerves were stretched in a case of spastic paralysis of the arm, which resulted in complete recovery. Five years afterward only fifteen cases of nerve-stretching for all purposes could be collected by Prof. Paul Vogt, of the University of Griefswald. He published a monograph upon the subject, giving three cases of tetanus in his own practice, with two recoveries.

Langenbeck has done much toward establishing the operation. He has been signally successful, and has operated as many times as any surgeon. In 1879 he reported a case of locomotor ataxia benefited by nerve-stretching. Many surgeons followed his example. The operation has been resorted to in this disease a number of times, but at present the impression prevails that locomotor ataxia is an unsuitable condition for the procedure, except in cases for the relief of lancinating pain.

Nerve-stretching has steadily grown in favor, notwithstanding recent adverse criticisms. Various disorders are subjected to this treatment when all other measures have failed. Even the optic nerve has been stretched by Wecker and Kümmel seven times, with no serious consequences, but with improvement in a few instances. They recommend this in slowly-progressing atrophy, in which some qualitative light sensation still remains.

Some surgeons view the operation of nerve-stretching with as little favor as did our forefathers ovariotomy when first performed by Ephraim McDowell; yet under all adverse circumstances sciatica, locomotor ataxia, neuralgia, and other disorders have been instantly relieved or the symptoms have been ameliorated where no permanent benefit has accrued.

Among the many disorders in which the expedient has been applied may be mentioned intercostal neuralgia, neuralgia of fifth cranial nerve, traumatic neuralgia in different parts of the body, paralysis agitans, sciatica, locomotor ataxia, spasms, contractures, torticollis, lateral and multiple sclerosis, athetosis, transverse myelitis, senile pruritus, pemphigus, etc. So numerous have been the published cases of nerve-stretch-

*Read before the Central Kentucky Medical Association at Danville, January 17, 1883.

ing for various purposes that it is scarcely possible to make statistics complete. In order to be as accurate as possible I have endeavored to epitomize the statistics that have been gathered and published from time to time.

In 1879 A. Yeu collected 73 cases: Traumatic neuralgias, 6 cases—4 cured, 1 improved, 1 no improvement. Neuralgia from other causes, 14 cases—10 cured, 3 improved, 1 death from hemorrhage. Clonic spasms and contractures, 6 cases—4 cured, 2 not improved. Peripheral epilepsy, 1 case, which was not benefited. Tetanus, 16 cases—7 cured, 6 symptoms improved, but terminated in death; no improvement in 3 that died. Anesthetic leprosy, 30 cases, with marked benefit. In every disorder here enumerated the percentage of recoveries is very high.

In the Medical Record, August 14, 1880, Dr. J. H. Pooley cited 67 cases, and of these there were 30 cases of anesthetic leprosy greatly benefited by the operation. Traumatic tetanus, 5 cases—death in 2, no improvement in another, 2 recoveries. Paralysis, 5 cases—improvement in every one. Sciatica, 4 cases—all improved. Neuralgia, 3 cases—improvement in all.

Gussenbauer collected 116 cases, with the following results: Neuralgias, 65 cases—38 cured, 14 improved. Reflex epilepsy, clonic spasms, etc., 23 cases—12 cured, 9 improved. Trismus and tetanus, 28 cases—8 relieved.

Prof. B. Nocht gathered from every quarter 147 cases. Sciatica, 24 cases—21 cured (eighty-eight per cent), 15 cases result immediate and lasting, 1 fatal, 1 permanent paralysis. Trigeminal neuralgia, 17 cases—relief in ten (fifty-nine per cent). Traumatic neuralgia—in two thirds of all cases prompt and good result; in 3 cases no result. Tic convulsio—in 7 out of 8 cases spasms arrested, but followed by facial paralysis. Disturbances of motility in the extremities—out of 6 cases 3 with good result. Reflex epilepsy—3 cases cured. He concluded his report by saying:

"The value of nerve-stretching stands indisputable in neuralgia, tetanus, and epilepsy, but in diseases of nerve-centers it must be recognized as a dangerous symptomatic remedy."

In May, 1882, at the 116th annual meeting of the New Jersey Medical Society, Dr. W. J. Chandler, of South Orange, read an elaborate and exhaustive paper on nerve-stretching, which is by far the ablest and most complete ever published on the subject. From his carefully prepared statistics we glean the following: Out of 352 cases there were of sciatica 70 cases; 1 failure, 1 not recorded, 3 transient relief; in the remaining 68 cases (ninety-seven per cent) the patients were either cured or improved. Neuralgia of fifth pair of cranial nerves, 37 cases—29 cured, 12 temporary relief, 4 failures; seventy-nine per cent improved or cured. Traumatic neuralgia, 15 cases—7 cured, 4 permanent improvement, 2 temporary improvement, failure in 1, no report in another; sixty-six per cent cured or greatly benefited. All other neuralgias, 30 cases—19 cured, 3 improved, 2 temporary improvement, 3 failures, 3 doubtful. Mimic spasms, 14 cases—12 cured, 2 relieved; eighty-five per cent cured. Torticollis, 11 cases—7 cured, 3 relieved, 1 not relieved; in all but one of these cases the spinal accessory was stretched. Contractures, 5 cases—2 cured, 2 failures, 1 died during operation. Peripheral paralysis, 39 cases—33 due to anesthetic leprosy; all more or less improved. Infantile paralysis, 3 cases—2 not improved. Epilepsy, 4 cases—1 cured, 1 improved, 2 slightly improved. Optic nerve stretched 8 times—result not given. Diseases of nerve-centers, 81 cases—14 failures, one result not recorded, 66 others benefited. Out of the 81 cases above, there were 57 cases of locomotor ataxia—16 improved, 27 temporary relief, 13 no improvement, 1 increased suffering; thirty-three per cent greatly benefited, forty per cent temporary relief, twenty-five per cent failure. Traumatic tetanus, 50 cases—10 cured, 37 deaths, 3 no result.

Of traumatic tetanus, Nocht reports 24 cases—4 cured by operation alone, 2 by operation and medication, 3 no change, balance temporarily relieved. Feneger and Lee, 21 cases—9 recoveries. Artaud and Gilson, 28 cases—7 recoveries. In this report he says: "The study of statistics leads us then to a most hearty indorsement of the operation in neuralgic and spasmodic affections, and to at least justify its use in tetanus and some diseases of the spinal cord."

I am able to report 8 additional cases of sciatica, 7 complete recoveries; 3 of traumatic tetanus, 1 recovery; 1 of athetosis with recovery. These cases were gathered from published and unpublished reports collected since the foregoing statistics were made.

Dr. Chandler took special pains to get the opinions of our most eminent surgeons with regard to the operation of nerve-stretch-

ing. He received communications from Agnew, Hamilton, Beard, Post, Hammond, and others, each of whom were exceedingly conservative in their views, which he styles "*a generous conservatism.*" In concluding his report he said: "No! it will be opposed; it will be misrepresented. But, while it may not accomplish all that its most ardent advocates claim for it, while too there is much to be learned as to particular modifications of the operation and their adaptability to different forms of disease, we feel confident that an operation which develops so much statistical strength has enough of real merit to overcome opposition and stand in the future side by side with ovariotomy, tracheotomy, and paracentesis thoracis, in the honored list of accredited surgical operations."

The Medical Times and Gazette, December 2, 1882, quotes a critical review of nerve-stretching for locomotor ataxia from the *Revue de Medicine*, in which mention is made of 54 cases collected from all parts of the world. There were 6 deaths, 3 of which could be attributed to the operation. No benefit was derived in 19, alleviation of symptoms in 18, whether temporary or permanent was not known. This gives a larger percentage than has hitherto been published. So in 11 cases there was lasting improvement. In fifty-four per cent result good, either temporary or permanent; in forty per cent no benefit; eleven per cent died.

The foregoing statistics show very conclusively that great benefit has been derived from the operation in a large percentage of cases. With such an exhibit no one would hesitate to resort to the procedure, provided there were no contra-indications. In neuralgias of every description marked success has followed the operation. In sciatica in particular great benefit has been derived, and no surgeon has had negative results. There is a growing belief that in locomotor ataxia we are not justified in operating, unless as a last resort for lancinating pain, although numerous cases have been reported in which good has been accomplished both as regards pain and ataxic symptoms. The statistics as published in the *Revue de Medicine*, quoted above, indicate that we should not abandon this expedient in the treatment of locomotor ataxia.

Subcutaneous Nerve-stretching. Since the introduction of this therapeutic measure a new procedure has presented itself to the fertile minds of inventive surgeons, which consists in a subcutaneous operation. This is not a new procedure, for medical historians relate that William Fabricius made forcible extension of the limbs in rheumatism and for pains about the joints over three hundred years ago. However, in modern times, Prof. Trombetta, of Messina, was the first to use the bloodless method. He operated in June, 1880, and published a monograph upon the subject during the following month. Billroth and Nussbaum perform this operation by forcibly flexing the leg upon the abdomen (in sciatica) while the patient is fully anesthetized. This procedure puts the sciatic nerve upon the stretch around the head of the femur, answering all the purposes requisite.

Dr. Lange, of New York, and Dr. Hood, of London, have resorted to manipulation for the cure of sciatica, and their endeavors have been attended with success. Extension and flexion, with massage and electricity, should prove as efficient as the cutting operation, if it is true that sciaticas and other neuralgias are due to an adhesive inflammation, an opinion entertained by some eminent authorities.

Dr. Brown, of Hustonville, at our last meeting, mentioned an interesting case of sciatica cured by the "mowing-machine method" after all remedies had failed. The procedure was not recommended, but through necessity the patient had driven a mowing machine a whole day (sitting on an iron seat), finding at night that he was permanently relieved. He does not recommend this mode of treatment, because it would not be an easy matter to find a patient who would submit. This is similar in its effects to the kneading operation adopted by several surgeons.

In the Medical Record, December 16, 1882, three cases of sciatica cured by weight and pulley extension are reported by Dr. Shoemaker. Recovery took place within twenty-four hours in each case. He mentioned a case treated by Dr. Rea by daily practice in flexing the leg in sciatica, with favorable result.

Just what change takes place in a nerve when stretched is not positively known. Our knowledge of the subject is still empirical, and we must look to physiologists for a solution of the problem. But physiologists differ. Not a few hold that a simple neuritis or a perineuritis exists which is relieved by stretching. There has been in some cases an adhesive inflammation between the nerve and its sheath. By stretch-

ing, the adhesions are broken up and the pressure is relieved. The operation affects the spinal cord in the same way. It appears that the function and nutrition of the cord and nerve are altered.

Some observers believe that stretching of the sciatic will move the medulla oblongata. Attempts have been made on the cadaver to test this, but the results have been negative. Stretching seems to alter the blood-supply of the cord and nerve. It produces both motor and sensory paralysis, the latter more commonly, which may be either temporary or permanent. "It causes (1) an extravasation of blood in the sheath, (2) partial separation of the nerve from its sheath, (3) rupture of a portion of the nerve-fiber, (4) occasionally nutritive changes." (Chandler.)

Various are the opinions of the changes that occur, and amidst the vast array of dissimilar views it is scarcely possible to arrive at a definite conclusion. We will not understand the changes until physiologists have given the subject a rigid investigation. Whenever we discover what the exact condition of the nerve is previous to and following the operation, we may hope to formulate accurate indications for the procedure. Under the present state of affairs, while our knowledge of the subject is so meager, we are justifiable in availing ourselves of this expedient as a last resort. The large percentage of recoveries in this comparatively new resource is sufficient to establish it as an accredited operation. In locomotor ataxia, and other diseases of the nerve-centers, there seem to be contra-indications, except in selected cases. Dr. W. A. Hammond thinks there are grounds for hope with reference to the operation even in locomotor ataxia.

A paper was read at the International Congress last year by Langenbeck upon nerve-stretching in locomotor ataxia, and his conclusions were that the operation initiated changes in the spinal cord itself, and that it relieved the lancinating pain, and sometimes the ataxic symptoms, of the disease. At the meeting of the German naturalists, held September, 1881, the question of the value of nerve-stretching in locomotor ataxia was discussed. The unanimous opinion was, that after a transient stage of amelioration the disease advanced unchecked. This opinion has been confirmed by Berlin surgeons; by Bernhardt, Goldammer, Litten, and Israel; also by Seguin, Amidon, Rockwell, and others of our own country.

For neuralgias of every description, the operation has already proven to be of great service to suffering humanity.

With such an array of successes as has been given, we believe the operation will in time be resorted to more frequently, and the indications for the procedure will be more accurately defined.

LANCASTER, KY.

Miscellany.

BRANDY.—The report of the American consul at Rochelle, which has been published, as to the falsification of brandy, is so serious that it can not be passed over without notice. Reading between the lines of this report, it appears that it is hardly possible for private consumers at the present time to obtain genuine brandy. The details given by the American consul, which, so far as it is possible for us to verify them, appear to be fairly corroborated by the analyses of various samples made here, seem to show that there are very few cases in which a genuine sample of pure cognac brandy is actually sent over for consumption in this country. In most cases the spirits sent to England for consumption appear to consist of beet or potato spirit, diluted to the proper strength, and flavored with genuine cognac, and probably not unfrequently with the addition of other flavoring materials, so as to produce such a bouquet as would pass for ordinary taste, and then bottled and labeled so as to sell at prices which really belong to those of genuine brands, instead of the made-up compounds which are substituted for them. It is this falsification of spirits which is doing the greater part of the harm in connection with the consumption of spirits in this country. It is almost impossible now to obtain spirits which have been already aged by keeping so as to insure their freedom from those products which form during the first distillation and are of an injurious character; and this dilution and adulteration is going far to render it impossible altogether in the future to obtain pure spirits.—*British Medical Journal.*

[It is the alcohol, and not the adulterants, which does the harm to drinkers of wines, spirits, and the like. Alcohol in any form, as a beverage, is dangerous to health. It is the most fascinating of intoxicants, the most charming of poisonous potations, the most delightful of destructives. But it is a

poison pure and simple, and the day is past when we can blame its evil effects on the "adulterations" the chemist finds in our favorite tipples.]

THE HOURS OF DUTY OF RAILWAY EMPLOYÉS.—It has long been admitted that a fertile cause of railway accidents are the long hours of duty which many of the railway officials are subjected to for days together. (British Medical Journal.) As a consequence of this excessive strain on their nervous system, *bodily and mental exhaustion* shows itself, and at a critical moment some mistake is committed leading to most disastrous results. No doubt public opinion has done a good deal to bring pressure to bear on the railway companies to have this state of things remedied; but some recent meetings held in Scotland, and attended by all classes of railway servants, show that there is still need of reform in this matter. The statements made by the different employés—engine drivers, guards, drivers, brakesmen—all bore testimony to the long stretch of hours they had to work, and this not *occasionally*, but *constantly*. We sincerely hope that, in the interests of the traveling public, as well as on the ground of humanity to the men employed, the railway directors will give early attention to a condition of matters which is decidedly detrimental to their own interests, as it must be a fruitful source of accidents, disease, and death.

[Our American railroad officials may consider these suggestions with advantage to their corporations, as well as to the safety of travelers.]

ALUMNI ASSOCIATION OF THE UNIVERSITY OF LOUISVILLE.—We are requested to announce that the annual reunion of the Alumni of the Medical Department of the University of Louisville will be held in the University Building on Monday evening, the 26th instant. The chair will be occupied by the president of the association, Dr. Coleman Rogers, of this city, and numerous addresses will be made by members. The graduating class will be appropriately received into the association. It is expected that a large representation of the alumni will attend this meeting, and there is every reason to expect that the evening will be most pleasant to all present. All alumni of the University are cordially and earnestly invited to attend. The commencement exercises will be held on Tuesday, the 27th inst., at Macauley's Theater, at two o'clock, P. M. The address to the graduating class on behalf of the Faculty will be delivered by Prof. Theophilus Parvin, M. D.

THE CRIME OF DRUNKENNESS.—The following excerpts from the Sanitarian are worthy of careful perusal by every good citizen. They are words of truth and soberness. Voluntary drunkenness is a crime, and should be treated accordingly: If drunkenness were made a criminal offense, and placed on the same level as theft—a crime no more likely to lead to murder, and much less likely to lead to other crimes than drunkenness—deeds of violence and dishonesty would be vastly diminished.

There is no more reason in calling crimes "whisky's work," than there would be in calling a bank robbery, involving, it may be, the death of a robber or a policeman, "banker's work." The *crime of getting drunk* in the one case, *and of stealing* in the other, should be made *alike punishable*. Whisky never murders any body if severely left alone. And he who uses it to drunkenness, and thereby commits murder, is equally guilty with the thief who commits murder in defense of his propensity to steal. It is neither the whisky in the one case, nor the bank in the other, but drunkenness and thievishness.

Getting drunk should be justly regarded as a deliberate act in the face of common sense; it is the willful placing of one's self in the condition to debase his race, to commit arson or murder; to wreck a train of cars, or to sink a ship.

Of all crimes which afflict society at the present time, drunkenness is the most common and debasing; it should be made proportionally odious and punishable.

THE FINANCIAL DISTRESS IN LONDON HOSPITALS.—During the last few weeks some consternation has been caused among hospital managers and committees, by the announcement that four general hospitals in London have spent collectively during the year 1882 nearly thirty thousand pounds more than their available income. (British Medical Journal.) How many more general and special hospitals are in an equally impecunious state is not apparent at present. This financial distress has been foretold more than once by experienced authorities, who have in vain advised the hospital committees to arouse themselves and to take steps to secure the proper financial

management of the institutions under their control. It remains to point a moral and a warning. It is certain that, if the existing state of affairs continue, and no improvement take place in the financial management of the general hospitals, nothing but disaster can ensue.

[Dear cousins, you have too many people in dear old England. Send your surplus to Kentucky, then you 'll have no hospital troubles. You have too little land for so large a population.]

THE DOCTOR'S DREAM.

I am sitting alone by the surgery fire, with my pipe alight, now the day is done:
The village is quiet, the wife's asleep, the child is hushed, and the clock strikes one!
And I think to myself as I read THE NEWS, and bless my life for the peace upstairs,
That the burden's sore for the best of men, but few can dream what a doctor bears;
For here I sit at the close of a day, while others have counted their profit and gain,
And I 've tried as much as a man can do, in my humble manner, to soften pain:
I 've warned them all, in a learned way, of careful diet, and talked of tone;
And when I have preached of regular meals, I 've scarcely had time to swallow my own.
I was waked last night in my first long sleep, when I crawled to bed from my rounds dead beat.
"Ah, the Doctor 's called!" and they turned and snored as my trap went rattling down the street.

I sowed my oats (pretty wild they were) in the regular manner, when life was free,
For a medical student is n't a saint any more than your orthodox Pharisee!
I suppose I did what others have done since the whirligig round of folly began,
And the ignorant pleasures I loved as a boy, I 've pretty well cursed since I came to be man;
But still I recall through the mist of years, and through the portals of memory steal
The kindly voice of a dear old man who talked to us lads of the men who heal,
Of the splendid mission in life for those who study the science that comes from God,
Who buckle the armor of Nature on, who bare their breast, and who kiss the rod.
So the boy disappeared in the faith of the man, and the oats were sowed, but I never forgot
There were few better things in the world to do than to lose all self in the doctor's lot.

So I left the life that had seemed so dear to earn a crust that is n't so cheap,
And I bought a share of practice here, to win my way and to lose my sleep;
To be day and night at the beck and call of men who ail and women who lie;
To know how often the rascals live, and see with sorrow the dear ones die;
To be laughed to scorn as a man who fails when Nature pays her terrible debt;
To give a mother her first-born's smile, and leave the eyes of a husband wet;
To face and brave the gossip and stuff that travels about through a country town;
To be thrown in the way of hysterical girls, and live all terrible scandals down;
To study at night in the papers here of new disease and of human ills;
To work like a slave for a weary year, and then to be cursed when I sent my bills!

Upon my honor, we 're not too hard on those who can not afford to pay,
For nothing I 've cured the widow and child; for nothing I've watched till the night turned day;
I 've earned the prayers of the poor, thank God! I 've borne the sneers of the pampered beast,
I 've heard confessions and kept them safe as a sacred trust, like a righteous priest.
To do my duty I never have sworn, as others must do in this world of woe,
But I 've driven away to the bed of pain through days of rain and nights of snow.

* * * * * *

As I sit here and I smoke my pipe, when the day is done and the wife 's asleep,
I think of that brother-in-arms who 's gone, and utter—well, something loud and deep!
And I read THE NEWS and I fling it down, and I fancy I hear in the night that scream . .
Of a woman who 's crying for vengeance. Hark! No, the house is still. It 's a Doctor's Dream!

Punch.

DR. WILLIAM GIBBON.—The conduct of the medical officer of the Inman steamer, City of Brussels, which was lately sunk in a collision with the Kirby Hall in the Mersey, has elicited the unqualified admiration of the passengers and crew of that ill-fated vessel. (Brit. Med. Jour.) Dr. Gibbon, who was rescued from the hose-box to which he was found clinging in a half-drowned condition, directly he was put on board the Kirby Hall, set to work in his half-dressed and dripping state, to endeavor to restore animation to the bodies of those who unfortunately perished before they could be saved, with the utmost promptitude and skill. Dr. Gibbon was formerly a student at the Manchester School of Medicine, and had been surgeon to the City of Brussels during the last two years.

LONGEVITY OF BARONETS.—The venerable Sir Moses Montefiore will, on October 25th next, enter upon his hundredth year, and according to "Webster's Red Book," says the Medical Times and Gazette, there are at least twenty baronets living who were born before the commencement of the present century.

GRATEFUL FOR MEDICAL SERVICES.—"How is your wife this morning?" inquired a doctor of one of his patients. "She is dead, I thank you," replied the widower.

PHILIP S. WALES, M.D., Surgeon-General United States Navy, pays this tribute to Listerine: "After examining the formula of Listerine, which contains some of the best known antiseptics, I was impressed with the idea that the combination was a happy one, and would furnish a serviceable and handy agent for antisepticism, possessed of the fewest drawbacks as regards irritating and poisonous properties, and a thorough trial of it in diphtheria, scarlet fever, obstetric cases, and in several important surgical operations, has demonstrated that these impressions were well founded. Listerine may be relied upon as an efficient antiseptic."

MEDICAL PRACTICE IN NEW YORK.—The fruits of the new code and the appeal for liberty in medical practice are speedily maturing in New York. A bill was introduced in the New York Assembly last week, by Mr. Quinn, which provides that the right of every citizen and of the people to employ for medical purposes the services of any individual in whom he or she may have confidence, whether such employé has or has not a medical diploma, or has or has not registered as a physician, shall not be questioned in the State of New York.

DRAM SHOPS IN NEBRASKA.—By the new law the price of a license is fixed at $1,000 for places with more than forty thousand inhabitants, and $500 for smaller towns. Omaha makes $90,000 per annum by the sale of licenses, all of which is added to the school fund. Not only does the school fund benefit, but "there are not more than one third as many drinking-places in the State as there were before the new law came into effect, the general result in small towns being to replace a dozen small and ill-conducted saloons by two or three well-kept establishments."

MANKIND'S MISTAKES.—It is a mistake to labor when you are not in a fit condition to do so.

To think that the more a person eats the healthier and stronger he will become.

To conclude that the smallest room in the house is large enough to sleep in.

To believe that children can do as much work as grown people, and that the more hours they study the more they learn.—*Ex.*

HYDROPOTS is the nickname now used by the friends of alcohol for the temperance folk in England.

THE largest mortality by any report received by the Sanitarian up to February 15th, was from Madrid, Spain; for the week ending January 7th, an annual ratio of 47.9 per 1,000 is reported, and the smallest mortality of any city of over 100,000 inhabitants is for Rochester, N. Y.—for the week ending February 3d, an annual ratio of 10.3 per 1,000 is recorded.

"WHEN the sun rises the disease will abate," is a Hebrew proverb. It originated from a tradition that Abraham wore a precious stone round his neck, which preserved him from disease, and which cured sickness when looked upon. When Abraham died, God placed this stone in the sun. —*Medical Times and Gazette.*

BAD BRITISH MANAGEMENT.—In 1881 nearly forty-two thousand cattle and nearly three thousand persons were killed in India by wild animals, principally by tigers and wolves. Strychnia properly distributed in the jungles, in the carcasses or offal of cattle and sheep, etc., would remedy this calamitous condition of affairs.

NOTHING NEW.—The *Convallaria majalis*, otherwise Lily of the Valley, recently so strongly recommended by Russian physicians as a substitute for digitalis, and somewhat written of in the medical journals of late, was recommended in Ray's catalogue in 1670, says the Medical Times and Gazette, as a cardiac tonic.

RASCALITIES IN THE CHARITIES OF LONDON.—Recent investigation has revealed the strange fact that in one parish alone—St. Giles, Cripplegate—no less than nineteen charities, the total income of which should be over fifty-five hundred dollars, have disappeared and can not be accounted for.

OLIVER WENDELL HOLMES says that bad air, bad whisky, and irregular habits keep the doctors alive. It is certainly true that there are doctors who indulge in these things.—*Dr. Padman in Courier-Journal.*

A FEMALE CRANK.—Mlle. Bernard, the daughter of Claude Bernard, has been fined at Boulogne-sur-Seine, on complaint of her neighbors, for converting her courtyard, garden, parlor, and bed-room, into a kennel for destitute dogs. She felt some reparation was due the canine race for the miseries inflicted on it by her father's vivisections.

The Louisville Medical News.

Vol. XV. SATURDAY, FEBRUARY 24, 1883. No. 8.

LUNSFORD P. YANDELL, M.D., - - }
L. S. McMURTRY, A.M., M.D., - - - } Editors.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITORS OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

Subscriptions and advertisements received, specimen copies and bound volumes for sale by the undersigned, to whom remittances may be sent by postal money order, bank check, or registered letter. Address

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440 to 446 West Main Street, Louisville, Ky.

THE RECENT FLOODS.

The overflow of an extensive area along the banks of the Ohio River during the past fortnight has done immense damage to property, and in many instances destroyed the lives of individuals. Farms and villages have been submerged, and in the cities of Louisville and Cincinnati whole districts are at this time overflowed. Hundreds are homeless, and notwithstanding the liberal exhibition of that generosity in calamity for which the American people are famous, the suffering is severe. The feature of the recent floods which we purpose discussing in these columns relates, of course, to the influences that may be produced which favor the production of disease.

It is maintained by many, and already the public has seized upon grave apprehensions, that when the waters recede the evolution of malaria and other disease-producing agents will be increased, both as relates to quantity and intensity. The approaching spring and summer seasons have already been set apart by the prophets for unparalleled manifestations in these regions of the miasmatic diseases.

We fail to see the basis for all these gloomy prognostications. It is generally conceded by all who have studied the causes of disease, that accumulations of stagnant water, under the influence of the direct rays of the sun, are productive of infectious miasm. Diphtheria, malarial affections, and probably typhoid, are often the results of water in the cellars and in the immediate vicinity of dwellings. There can be no doubt that hundreds of houses in the overflowed districts can only be occupied with safety after thorough drainage, drying, and repair. But there is, in our opinion, no scientific ground for anticipating that the causes of epidemic disease will be generated throughout the overflowed districts. The water will recede as rapidly as it has risen, and the avenues of its exit from valley and plain will be quite as free as those of entrance. In the closely populated districts of the cities recently submerged, much of that greatest of the disease-producing agents, filth, will be removed. Indeed, in this respect many of the submerged habitations will be greatly improved in a sanitary sense by the flood. The dangers most to be apprehended are those which will obtain by too hasty return of the inhabitants to their homes. Doubtless the usual results of living in damp rooms will be observed. These are rheumatism, pneumonia, and other diseases similar in their etiology. Many, too, have suffered such severe losses of property by the recent disasters that much privation will be experienced for many months to come. This, of course, as it may relate both to food and clothing, is among the causes of disease.

Leaving out of consideration these incidental features of the overflow in the causation of disease, we have no reason to apprehend any unusual prevalence of disease. Most of the dangers which threaten the inhabitants on returning to their homes are preventable, and every effort should be made to avoid them. Boards of health and physicians in the pursuit of their calling throughout the flooded districts should warn the people of these preventable causes of disease, and urge thorough drainage, drying, disinfection, and repair of dwellings, stables,

and adjacent premises. The public health outside the area recently flooded will not be materially affected.

ATTEMPTED BLACKMAIL.

In a recent editorial we called attention to the physician's peril as illustrated by the recent tragedy at Hounslow, in England, in which a young physician committed suicide during the course of his persecution by a woman who was attempting blackmail. Appropos of our comments upon the sad case of Dr. Whitfield Edwardes, of Hounslow, we may mention a similar case with more fortunate results which has just received judicial settlement at Toronto, and which is described in full in the Canada Lancet. A suit for damages was brought by a man named Lumb against a medical practitioner of Toronto, under the accusation of criminal intimacy with his wife. Mrs. Lumb had suffered a miscarriage on the 26th day of June, and her husband alleged that the act was committed on the 19th day of July following, while the doctor was visiting Mrs. L. in his professional capacity. The plaintiff estimated his damages at two thousand dollars, notwithstanding the fact that his wife continued to live with him and care for her four children. The wife swore in court that the doctor took improper liberties with her, and her son, a lad of ten years, contributed to the plaintiff's evidence. The wife's evidence was manifestly contradictory in many essential particulars, and medical evidence was adduced to show the improbability of an attempted connection twenty-three days after a miscarriage. Witnesses also testified that the character of both plaintiff and wife was such that they would not believe either of them on oath. The judge charged the jury strongly in favor of the defendant, and in an able manner pointed out the circumstances which tempt the unscrupulous to blackmail medical practitioners. After a conference of ten minutes, the jury returned a verdict for the defendant. Such ruling and verdict are grounds for congratulation to the entire profession, and the defendant deserves the grateful thanks of the profession for giving publicity to the entire transaction, and conducting the suit rather than to suffer blackmail. Of course, the suit could have been easily compromised.

The only adequate protection against these dangers of medical practice is the presence of a third person in all professional visits when physical examination is to be made and in cases where the parties are of suspicious or doubtful character. Anesthesia and hysteria frequently produce mental states and develop sensations which may actually leave impressions suggestive of reality. An eminent English lawyer states that on more than one occasion he has seen conviction follow the apparently artless and straightforward testimony of hysterical women, when afterward the statements were proven altogether untrue. At any rate the presumption should invaribly be opposed to the truthfulness of all charges of impropriety brought against medical men by women who are subjects of uterine irritation and the accompanying reflex phenomena. And since no physician knows when his own turn will come to be struck by these shafts of malice in the hands of the vicious or hysterical, all should keep the danger in mind, avoid it when possible, and meet it bravely when inevitable.

The State Board of Health. — The Kentucky State Board of Health has issued a call for the local and county boards of health throughout the State to meet in convention in this city early in next month. A morning paper of the 17th inst., in the course of some comments on the recent flood, says: "The State Board of Health has a wide field here for demonstrating whether or not it is worth while for the State to continue the organization." We hope the board will exhibit some energy in its extensive department, and by judicious plans and practical work gain a hold upon the confidence of the profession and the public.

Correspondence.

CINCINNATI.

[FROM OUR SPECIAL CORRESPONDENT.]

Editors Louisville Medical News:

It has been my purpose for some time to write you something of medical interest connected with the passing of events here. Nothing of marked or special interest has transpired of late, and I shall, for the most part, devote this communication to topics informally collected and disjointedly prepared.

Just at present the advancing and receding waters of the Ohio River are the universal objects of attention. The suffering begotten by the overflow among those made homeless and shelterless has been extreme. Commerce has been at a standstill for some days, and the doctors have had to assume an additional share of labor. I am inclined to think, however, that the diseases engendered by exposure are the only results of the flood which follow directly. If the essential precautions are observed for preventing disease in the flooded districts, the danger to the public health will not be great.

The trial of the Wood will case lately pending here has attracted much attention and comment in medical circles. Probably the most interesting testimony elicited from the experts was that of Dr. James T. Whittaker, of this city. Dr. Whittaker traversed a good portion of the field of mental physiology, and presented in lucid and terse style the most advanced scientific knowledge on the growth, development, and decay of the brain. Indeed, we doubt if the important physiological facts relating to senile dementia have ever been so aptly and concisely grouped for purposes of legal discrimination. I am sure your readers will not regret it if I give his deposition entire, which was as follows:

Senile dementia is the natural condition of the mind in extreme age. The brain grows rapidly up to the age of seven, slowly up to twenty, more slowly up to forty, when it reaches its maximum, and then begins to slowly decrease, losing about one ounce in weight during each succeeding decade. Dementia is a necessary result of reduction of brain substance when it reaches a certain degree. The rule is that all very old people show senile dementia. It is never a question of the existence of it, but of the degree of it. Senile dementia commences at sixty, the period which is regarded as the beginning of age. Sometimes it is anticipated, sometimes deferred. If anticipated it is because age is precipitated by bad habits, as by alcoholism, which is the most frequent cause of precocious senescence. Any wasting diseases may also precipitate the changes of age. Tuberculosis, pneumonia, cancer, syphilis, dyspepsia are prominent and frequent causes of premature senescence. Protracted grief, financial losses, depressing mental emotions, worry, act in the same way.

On the other hand, the changes of age are often deferred. A sound constitution, general good health, success, equanimity of temperament postpone the retrograde changes. The cultivation of the brain saves it. There are notable examples of intellectual vigor in advanced life, but they are exceptions and not the rule. The rule is that the brain declines with the rest of the body. All the tissues of the body undergo gradual decadence in age. And just as the bones and muscles, so does the brain waste as years advance. Instances are not wanting of so-called infantile precocity, but they are exceptions, and the instances of senile vigor fall under the same head. They attract attention in both cases, because they are exceptions. The wisdom usually ascribed to age is partly due to the lessons of experience, no doubt, but chiefly to the suppression or rather the decay of the emotions which so often warp the judgment. The mind becomes enfeebled with age because the whole body suffers from lack of nutrition, and the mind is the product of the whole body. The failing nutrition is partly due to defective action of the heart and partly to changes in the blood-vessel walls which materially assist the heart in feeding the brain as well as the rest of the body. The heart-muscle grows feeble. The pulse is retarded and unequal. The walls of the blood-vessels suffer conversion into fat and chalk, lose their resiliency, their rebound upon the projected column of blood from the heart, and thus induce the failure of nutrition. It is this rebound which feeds the heart itself, through the arteries which run into the substance of the heart. For the heart does not feed itself directly by its own force. So soon as the vessel-walls lose their elasticity all the organs of the body begin to suffer nutritive changes.

A defective blood-supply to the brain is felt at once. If the blood is all suddenly shut off, as occurs in epilepsy, the individual falls suddenly unconscious, pitching headlong in a direction as determined by gravity. If the blood-supply is only partially shut off, the texture of the brain suffers, and the faculties of the mind begin to show it at once. Age is colder in its sensations, less excitable in its emotions, more circumspect in its judgment, less capable of receiving new impressions. When Harvey announced the discovery of the circulation of the blood no physician over forty believed it; and Harvey himself in his age refused to believe the discovery of the lacteals by Asellius, one of his contemporaries.

According as the brain suffers irritative or obtruding changes will the mind show signs of excitement or melancholia. The latter is the most frequent and is always the last stage. A petty egotism is a frequent forerunner of it, a hypochondriasis as to health and wealth. An old man is often either preternaturally concerned about his health, sending for his physician for a trivial cause, or he is so fortified in his egotism that he will brook no suggestions from any one. He easily gets the delusion of poverty, walks the floor all night with visions of the alms-house,

or conceals his valuables, forgets where, and then makes false accusations of theft. The idea of having been robbed is a constant and very characteristic feature of age. Avarice belongs to age. Falstaff says "a man may as well try to separate age and covetousness as young limbs and lechery," meaning that they are naturally connected. Negligence of person and attire, carelessness of the proprieties and decencies of life are factors of senile dementia. An old man forgets that he has had his meals, demands them immediately after having taken them, and believes that the statements that he has had them are attempts to defraud him, or are evidences of neglect. Suspicion and distrust characterize senile dementia as very prominent features. Old people are often the victims of "undue influence" and unfounded prejudice. Beck relates the case of an old man who so hated one daughter that he compelled her to write down her thoughts.

The tendency to sleep or sopor steals upon us with advancing years. The sopor deepens into stupor from which the individual must be aroused by agitation of his whole body for a rational or half-intelligible response. The melancholia of age is distinguished, as is all melancholia, by a desire to be let alone, by aversion to society, by reticence. All that is asked is silence which shall not disturb the voice of memory.

But during the irritative stage there is often an unusual loquacity. We speak of the garrulousness of age. The favorite topics of it are the degeneracy of the present age, the corruption of politics, the degradation of morals, all in contrast to the purity and superiority of old times. During this irritative stage there are also sometimes developed those disturbances in the sexual sphere which lead to ill-timed matrimonies, or lead even to outrages against the public morals. Sleeplessness, restlessness, the necessity of constant occupation, and the futility of every occupation to secure content, often precede the more pronounced phenomena of age. During this period of irritation the individual is easily aroused to anger, which is, however, only transitory. Age is impatient and intolerant of contradiction, and is sometimes incapable of entertainment. The irritative phenomena gradually fade into indifference and apathy, and it may be said that, unless precipitated by some serious disease, as by apoplexy, pneumonia, which are usually the end catastrophes, the changes of age gradually, almost insensibly creep on, as twilight deepens into night.

The changes which occur in the special senses lead to illusions and hallucinations, which the alterations in the brain-cells deepen into veritable delusions. By delusions is generally meant self-deception. The strongest minds suffer occasional illusions and hallucinations, but they are recognized as such, while delusions are not recognized as phantasies, but are believed to be facts. Vertigo is frequent in age, the result partly of disturbances of sight, but chiefly from defective blood-supply to the brain. The special senses are blunted and lost in the following order, first, touch, then sight, then hearing, smell, and taste. Taste is the sense lost last. Among the faculties of the mind the first lost is memory. It shows itself first in loss of memory of names. It is considered lost to the last degree when the individual can no longer remember his own name. Before this loss reminiscences of early life are frequent, and are often painful in their monotonous recurrence.

Gross physical lesions are found in the brain of age. The bones of the skull become thinner. The outer and middle tables are absorbed in places and only the inner table is left. The skull cap is thus more than usually translucent. The membranes of the brain adhere to the skull and may only be separated with a knife. They show thickenings and opacities. Beneath them is a layer of fluid, much increased. It spurts out sometimes when the membranes are incised. The brain itself, it is plain to see, is shrunken. It is also harder than in maturity. Its convolutions gape apart when the pia mater is stripped. The brain-cells are converted, some of them, into fatty matter, they are loaded with pigment, and the inert connective tissue of the brain is every where increased. Hence the changes of senile dementia, which it would be as absurd to deny as to refuse to believe a difference of mentality from the brain of infancy. Between eighty and ninety there is more or less senile dementia as a rule. It is only a question of degree.

Your friends and readers here note with special pleasure the evidences of continued progress and improvement in your valued journal. We are glad to welcome its sprightly pages every week, and always look for its coming with agreeable anticipation.

* * *

Editors Louisville Medical News:

A while since I saw a patient, whose malady was to me so obscure and unusual that I venture to report it, hoping that thereby some of my professional brethren may be interested if not instructed.

A young man of nineteen years, in apparent good health, was working on a farm, and after severe exercise became thirsty and drank from a spring near his work. Immediately after drinking he became unconscious. Some time after he was found by his fellow-laborers, taken to his home near by, and I was sent for. On arrival I found on examination no paralysis any where, the heart and lungs had their normal movements, and in fact his unconsciousness apparently was his sole malady. The eyes remained open during the period of his disability, but the pupils were normal in size and movement. He moved neither hand nor foot, nor was he conscious during the three days and nights following. He was able to swallow milk, gruel, etc., after his mouth was prized open with a spoon. There being no clear indications for medication, I administered placeboes, and at the expiration of four days he was able to resume his usual avocations, and has ever since enjoyed perfect health.

I would thank some kind brother of the profession to give me some light on the matter through the Louisville Medical News.

E. F. CROWTHER, M. D.

OAK GROVE, MISS., Jan. 5, 1883.

[In cases of difficult diagnosis the fashion is to call the malady hysteria.—EDS.]

Selections.

NOTE ON AMPUTATION.—We commend to our younger surgeons, who are often too prone to prune wounded members, these wise words from one of England's greatest men (Mr. Wm. S. Savory, F.R.S., in the Lancet):

Perhaps in no case is the judgment of the surgeon more severely taxed than when he is called on to decide the question of amputation in an injury to a limb. The rules of surgery on this subject are necessarily very vague, and too often they can be applied with but little force to the particular instance; for in any case many considerations, each one largely affected by the rest, are involved. Of course when the injury is of such a nature, from the destruction of large vessels, nerves, or other important structures, that recovery is out of the question, there is no room for doubt. It is when the injury is of such degree and extent that although recovery is possible, it is yet improbable, involving very grave risks of life, that the surgeon's anxiety is raised and his way becomes difficult. Often in these cases one man forms a decided opinion on what appear to others to be very inadequate grounds. Even when to others his conclusion appears to be sound, he may fail in explanation to set forth sufficient evidence of it. If he has really reasoned on the subject, he can not reproduce the argument for the guidance of another. He gets no further than "I think, upon the whole," etc. He may be right, as right as a man who can express his thoughts and explain clearly the ground of his opinion; but it must be allowed that this kind of decision is neither instructive nor satisfactory.

In endeavoring to form a judgment in such cases it seems to me that one has to consider, first of all, whether the injury is greater than any operation for its removal. If the operation would not be the means of substituting a less injury for a greater—less for more risk in the future—it surely ought not at this time to be thought of. And, deciding in favor of an operation on this ground, the question comes, Is the chance of recovery from the operation so much greater as to cover the risk from the second shock which the operation would necessarily cause? This last consideration oftentimes adds greatly to the difficulty of decision. Then, further, assuming the injury not to be beyond all reasonable chance of repair, is it worth while, for the prospect of such future use in the limb that might remain to him, for a man to run, in order to preserve it, any additional risk of his life? and if so, to what extent? With all this it has to be borne in mind that if an attempt is made to save the limb, in the event of failure there may be some chance in the future of removing it and of still saving life. But the probability is that any such second amputation will be forced on us under unfavorable conditions; in other words, that there will be but little choice of time.

The opinion of surgeons has of late years gradually changed respecting the comparative advantages and disadvantages of what is called primary and secondary amputation after injury. It was formerly held that less risk to life is incurred by operating immediately after an injury than at a remote period, and this view was, I believe, founded chiefly on the records of military surgery. This, however, has not been confirmed in recent years by the experience of civil practice, and I suppose at the present time such a question would receive, for the most part, doubtful or contradictory answers. Does not this depend on the want of distinction which ought to be drawn between different cases of secondary amputation? When, in an instance of severe injury, an attempt is made to save a limb, much local and some constitutional disturbance is sure to follow, and in unsuccessful cases the patient either dies directly from this, or the limb passes into a condition beyond prospect of recovery. Now, in the question of secondary amputation, if we can select our own time for the operation, when the fever or constitutional disturbance which has been provoked has subsided, and we operate to remove a useless or hopelessly damaged limb, such amputations are done, I believe, with better prospect of success than primary ones, and this chiefly because they remove a source of great and perpetual irritation with comparatively little shock. But if, while much constitutional disturbance prevails, we are called on to choose between amputation and

death, we operate under most adverse circumstances and with much greater risk, no doubt, than in primary amputation.

So then I would answer the question thus: Secondary amputations are more favorable than primary ones when there is a choice of time; that is, when we can afford to wait till the temperature and other signs of general disturbance have subsided; but secondary are less favorable than primary amputations if the operation is forced upon us at a period of the case when a high degree of fever still prevails. Herein too lies the difference in the prospect between secondary amputation after injury and amputation in disease, for in the latter case there is almost always choice of time.

TREATMENT OF AMENORRHEA BY PERMANGANATE OF POTASH.—Dr. Sydney Ringer and Dr. William Murrell, of London, in the Lancet, say: We are desirous of calling attention to the value of a very simple remedy in a very common complaint. Our observations have extended over a period of thirteen months, and we have notes of sixty-nine cases. We have used the permanganate in two forms, first, the pharmacopeial solution, and secondly, the permanganate made into pills, each containing either one or two grains. Generally we begin with a grain three times, and then gradually increase the dose to two grains four times a day. Our most striking results have been obtained with the larger doses; a large dose sometimes succeeding admirably after the failure of a small one. Before commencing treatment we inquire carefully into the menstrual history of the patient, and as a rule give the remedy only for the three or four days immediately preceding the expected period; but should it fail to produce the desired effect we direct the patient to continue steadily taking it, and in some cases it has been taken continuously for nearly three months. In our experimental observations we have given the one drug only and have done nothing in the way of accessory treatment. Our most striking results have been obtained in young women between the ages of eighteen and twenty-five, who from some accidental or trivial cause, such as catching cold or getting wet, have "missed" once or twice after having been regular. The administration of one or two grains of permanganate of potash in pill three or four times a day for a few days before the time of the expected period will bring on the flow almost to a certainty. In some instances the periods were brought on after the patient had ceased menstruating for over a year. In the case of country girls who have "seen nothing" for a month or two after coming to town the treatment has answered admirably. Often enough patients do not consult their doctor until they are "overdue," until the time of the expected period has passed by for some days. Even then the prompt administration of the permanganate will often bring on the flow at once, but should it fail to do so the treatment ought to be continued, and the patient will probably menstruate normally at the next monthly time. Generally our efforts are not crowned with success until the medicine has been taken for at least three or four days, but in some instances the permanganate acted with striking rapidity, the menstrual flow making its appearance after only two or three doses had been taken. It is not necessary to discontinue the treatment on the appearance of the menses; in fact we generally tell the patient to continue taking the pills three or four days longer, finding that it facilitates the flow. The permanganate often succeeds well after the failure of other remedies, such as iron, aloes, nux vomica, strychnia, pulsatilla, nitro-glycerine, and hot mustard baths. Sometimes, however, it is necessary to give it for six weeks, or even longer before the desired result is obtained. In those cases where the patient has menstruated only once or twice, and has then entirely ceased for some months, our treatment answers well; the menstrual function is re-established, and thenceforth proceeds normally at every successive monthly period. In some cases there was no actual amenorrhea, but the flow was scanty, lasting perhaps only a single day, or it may be only a few hours. Here the administration of the permanganate prolonged the flow, and even in some instances when it had ceased brought it on again.

It is not only in the case of young women that manganese is so useful, it succeeds almost equally well with women between thirty-five and forty, who, as the result of many pregnancies and much suckling, have ceased to be regular. Here, for example, is a typical case. A married woman came to us complaining that she was never regular. She had had nine children in as many years, and rarely saw any thing more than once between her pregnancies. She had been suckling for eight months, and had not been poorly for seventeen months—the

nine months she had carried and the eight months she had suckled. She was not in the family-way, but said she expected she would be soon if she weaned the baby. She did not know when she ought to be poorly, and had given up all expectation of seeing any thing. She was ordered two one-grain permanganate of potash pills four times a day, and came on poorly a fortnight after, the first time for seventeen months.

We need hardly say that before treating the amenorrhea care should be taken to see that the patient is not pregnant, although we are satisfied that the permanganate given in the dose we recommend has no power to produce abortion, either in the early or late stages of pregnancy. We find that manganese fails to induce the flow when the amenorrhea is due to advanced phthisis. But in some cases of arrested phthisis the treatment was successful, and the patient, after a time, under the influence of the permanganate, menstruated freely and at regular intervals. In several instances patients informed us that the pills had proved of value in curing "whites" of long standing. As a rule the permanganate is taken without difficulty, but patients much prefer the pills to the solution. The solution is peculiarly disagreeable to take, and in some cases produces nausea and even vomiting. Patients frequently complained after taking the pills of a heavy persistent pain over the upper part of the sternum, "as if something had stuck there and would not go down." This was not due to the drug being given in the form of a pill, for the same complaint was made when the same dose was given in solution. One patient said the pain was of a burning character, and another said it was like heartburn.

That the effects we have described are due to the manganese, and not to the potash in the salt, is shown by the fact that manganate of soda and binoxide of manganese are equally efficacious in the treatment of amenorrhea. The manganate of soda was given in two-grain pills, two four times a day; and the binoxide in four-grain pills, one four times a day. It may be thought that the manganese acts by improving the condition of the blood, but this is not the case. The treatment succeeds equally well in the plethoric and in the anemic. Given in cases of chlorosis, the permanganate not infrequently brings on the period without in any way improving the anemia.

[These observations are worthy of reflection, and the remedy deserves a trial.—EDS.]

SIR WILLIAM GULL ON SCIENTIFIC MEDICINE IN GENERAL PRACTICE.—In an address, Jan. 17th., on the Collective Investigation of Disease, Sir Wm. Gull observed: It will be admitted that, had we leisure, proper means at our disposal, and from previous training a fitness for exact observation, we should find in general practice one of the most valuable fields of pathology, as here, and here only, we have before us the earliest signs of departure from health, and the only opportunities for tracing the course of a disease from its beginning to its end. Having passed many years in hospital and private practice, I have come to see that experience gained in the *latter* is necessary for the correction of that acquired in the *former*, especially as helping toward a truer pathology. It will, perhaps, and naturally, be objected, that it is almost impossible to organize for any useful purpose the labors of men already overburdened by the cares and fatigue of practice; and that there is neither time nor fitness for delicate inquiries on their part. Admitting that this objection is valid, it may be urged in reply, that it need not be insuperable. It can not be denied that when we see the meaning of the apparent trifles which in practice would otherwise oppress and worry us, our burden is thereby much lightened, and that nothing could encourage us more than to feel that even one daily observation recorded was adding to our general store of knowledge, and making the path of practice more easy. There is no tonic to the mind greater than the sense of work done; and our journey is likely to be made shorter, as it certainly will be easier, if the way is illuminated. We, indeed, owe it to those members of our profession, who are admittedly overwhelmed by the apparently senseless details of their work, to promote a movement like collective investigation, the object of which is to bring order into chaos, and to help them to stamp a scientific value upon facts hitherto only burdensome. If we compare the unflagging interest of any pursuit where the aim is high and clear with the tediousness and wearisomeness felt when working in the dark, we shall readily admit that we are actually lightening the burdens of practice by thus adding to them, and by giving some portion of them a sense and meaning. It is the spirit of a man which enables him to do his work lightly and cheerfully, and he will certainly be helped in this by a combination with fellow-workers on the same subject.—*British Medical Journal.*

CURE OF ABSCESSES ABOUT THE NECK WITHOUT CICATRIX OR OTHER DEFORMITY. From a paper, by Dr. F. J. B. Quinlan, of Dublin, in the London Lancet, we extract the following, omitting the cases described: Every one has experienced the trouble and difficulty of curing abscesses about the neck, whether strumous or caused by the irritation of a diseased tooth, without deformity. If the abscess be allowed to burst, a most disfiguring cicatrix is the result; and the same consequence, too, often attends the most carefully performed incision. A thin, curved needle, about three inches in length, is threaded with fine silver wire, mounted on a handle, and passed deeply into the swelling from above downward, so as to admit of drainage. The wire thus got through the abscess, the ends are tied together outside the skin. Spirit lotion is now applied on lint and changed three times a day.

The great point in this procedure is to introduce the little silver seton immediately after suppuration has commenced, and while the matter is still at least half an inch from the external surface. If it be allowed to come nearer, absorption of the areolar tissue will occur, and will leave a hollow over the site of the abscess. Nearer still the true skin may be injured, and then there will be, in addition to the hollow, a red mark, which will last for a long time. If the seton be introduced exactly as described, there will be practically no mark whatever. The needle is best introduced mounted on a temporary handle, like that which holds the mirror of a laryngoscope. If held in the fingers it is hard to get the necessary depth. In the case of D. the abscess was exactly over the facial artery; but there would have been no danger in introducing the needle double the depth, for the amount of plasmic matter effused lifted the part well away from that vessel. From first to last there must be neither poulticing nor stuping. This method has never failed in my hands, and I could give other cases, but they would be mere repetitions. Other cases were done with strict antiseptic precautions, but, as far as I could see, without any corresponding benefit.

FREQUENT HEMORRHAGE FOLLOWING FRIGHT.—M. Mehrer reports that a deaf and dumb child of fourteen years of age, having been very much frightened by a fire, was affected some days after with violent bleeding of the nose, which lasted twenty-four hours, notwithstanding the application of iron to it, and the use of the perchloride of iron. (The Medical Press.) The indocility of the patient at first prevented the use of Belloc's probe, but afterward it was possible to use it, because of an approach to syncope. The epistaxis had scarcely ceased when it was followed by vomiting of fresh blood, proceeding, doubtless, from the stomach, which resisted the application of ice for twenty-four hours, and was in its turn succeeded by coughing, causing a bloody expectoration. This last accident was successfully overcome by ergot of rye, and the child soon recovered its usual health.

TREES IN TOWN.—Professor Goret, of the University of Geneva, treats this matter from a common-sense and scientific point of view. He says that trees in streets temper the heat and serve as a protection from dust, and that the evaporation from their leaves tends to keep the surrounding air cool and moist; that the perpetual vibration of their foliage and swaying of their branches, whilst admitting a sufficient amount of light, serve to protect the eyes from the noonday glare. Professor Goret's last argument is that the roots of trees draw up stagnant waters and absorb the organic matters contained in the filth from which the streets of a town are never free, and which, after infiltrating the ground, are a frequent cause of fevers and infection.

PILOCARPIN IN POLYURIA.—M. Dugroux asserts that pilocarpin by hypodermic injection, in the dose of one sixth to one third of a grain, has proved successful in some forms of polyuria. (Medical Press.) It brought about complete cure in two cases of azoturic polyuria, the one essential and the other symptomatic of interstitial nephritis; in this last case it also caused the disappearance of very marked amblyopia. In two cases of simple polyuria it caused a notable amelioration of the general symptoms. It proved unsuccessful in a case of polyuria in chronic saturnine poisoning, in a chronic case of simple polyuria, and in a case occurring to a patient in an advanced state of scrofulous cachexia.

A DICTIONARY OF MEDICINE, edited by Dr. Richard Quain, F.R.S., Longmans, Green & Co. publishers, London, is reported in our foreign exchanges. A new, fresh, modern medical dictionary is sadly needed. Dr. Quain's however is, we believe, a sort of encyclopedia.

THE NUTRIENT TREATMENT OF INSANITY.—"The greater my experience becomes," writes Dr. Clouston in the Practitioner, "the more I tend to substitute milk for stimulants. I do not undervalue the latter in suitable cases; but in the very acute cases, both of depression and maniacal exaltation, where the disordered working of the brain tends rapidly to exhaust the strength, I rely more and more on milk and eggs made into liquid custards. One such case this year got eight pints of milk and sixteen eggs every day for three months, and under this treatment recovered. I question whether he would have done so under any other. He was almost dead on admission, acutely delirious, absolutely sleepless, and very nearly pulseless. It was a hand-to-hand fight between the acute disease in his brain and his general vitality. If his stomach could not have digested and his body assimilated enough suitable nourishment, or if he could not have been taken out freely into the open air, he must have died. But to-day he is fulfilling the duties of his position as well as he ever did in his life. All acute mental diseases, like most nervous diseases, tend to thinness of body, and therefore all foods and all medicines and all treatments that fatten are good. To my assistants and nurses and patients I preach the gospel of fatness as the great antidote to the exhausting tendencies of the disease we have to treat, and it would be well if all people of nervous constitution would obey this gospel."

EXTERNAL HEMORRHOIDS.—Dr. Blaschko, of Berlin, recommends compresses soaked in a one-per-cent solution of ergotin, to be applied hourly. Dr. Pasqua, of Florence, gives the following ointment as infallible: Extract of Belladonna, gr. v., iodoform, acetate of lead, āā gr. i; petroleum jelly, ℥ i. Make into an ointment, to be applied three or four times a day.—*Druggist's Cir.*

ARMY MEDICAL INTELLIGENCE.

An Army Medical Board has been ordered to assemble at the Army Building, corner of Houston and Greene Streets, New York City, New York, March 1, 1883, for the examination of such persons as may be properly invited to present themselves before it as candidates for appointment in the Medical Corps of the Army, and will probably continue in session about three months.

All candidates for appointment in the Medical Corps must apply to the Secretary of War for an invitation to appear for examination. The application must be in the handwriting of the applicant, must state date and place of his birth and place and State of which he is a permanent resident, and must be accompanied by certificates based upon personal acquaintance from at least two persons of repute as to citizenship, character, and moral habits; testimonials as to professional standing from professors of the medical college at which they graduated should also accompany the application, if they can be obtained. The candidate must be between twenty-one and twenty-eight years of age (without any exceptions), and a graduate of a regular medical college, evidence of which, his diploma, must be submitted to the board. Further information regarding these examinations and the nature thereof can be obtained by addressing the Surgeon-General, U. S. Army, Washington, D. C.

OFFICIAL List of Changes of Stations and Duties of Officers of the Medical Department, U. S. Army, to February 10, 1883: *De Loffre, Augustus A.*, Captain and Assistant Surgeon, will be relieved from duty in the Department of the Missouri, and report in person to the Commanding General, Department of the East, for assignment to duty. (Par. III, S. O. 26, A. G. O., January 31, 1883.) *Taylor, B. D.*, Captain and Assistant Surgeon, granted leave of absence for one month on surgeon's certificate of disability. (Par. II, S. O. 13, Dep't of Texas, February 1, 1883.) *Taylor, Marcus E.*, Captain and Assistant Surgeon. So much of S. O. 20, A. G. O., January 24, 1883, as directs him to report in person to the Commanding General, Department of the East, is amended to direct him to report in person to the commanding officer, David's Island, New York Harbor, for duty at that station. (Par. II, S. O. 33, A. G. O., February 8.

From February 10, 1883 to February 17, 1883: *Brown, Jos. B.*, Lieut. Col. and Surgeon, detailed as member of board for examination of assistant surgeons for promotion and candidates for admission into the Medical Corps, U. S. A., to convene at New York City, March 1, 1883. (Par. I, S. O. 25, A. G. O., February 10, 1883.) *Clements, Bennett A.*, Major and Surgeon, detailed as member of board for examination of assistant surgeons for promotion and candidates for admission into the Medical Corps, U. S. A., to convene at New York City, March 1, 1883. (Par. I, S. O. 35, A. G. O., February 10, 1883.) *Janeway, John H.*, Major and Surgeon, detailed as member of board for examination of assistant surgeons for promotion and candidates for admission into the Medical Corps, U. S. A., to convene at New York City, March 1, 1883. (Par. I, S. O. 35, A. G. O., February 10, 1883.) *Town, Francis L.*, Major and Surgeon, is relieved from duty at Fort Walla Walla, and will report to the commanding officer, Vancouver Barracks, for duty as Post Surgeon. (S. O. J. Department of the Columbia, January 27, 1883.) *Woodward, J. J.*, Major and Surgeon, the extension of leave of absence on account of sickness, granted October 6, 1882, is further extended six months on account of sickness. (Par. IX, S. O. 34, A. G. O., February 9, 1883.) *De Loffre, Augustus A.*, Captain and Assistant Surgeon, relieved from further duty in this department. (S. O. 28, Department of the Missouri, February 5, 1883.) *Newton, R. C.*, First Lieutenant and Assistant Surgeon, is relieved from duty at Fort Cummings, N. M., and will proceed to Fort Sill, I. T., and report to the commanding officer for duty. (S. O. 28, Department of the Missouri, February 5, 1883.)

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, MARCH 3, 1883.

Original.

THE MORPHOLOGY OF PHTHISIS PULMONALIS.*

BY EDWARD T. BRUEN, M.D.

The etiology of phthisis is very properly exciting careful attention at present, but the subject is in far too unsettled condition to permit even a useful discussion. I shall not therefore allude to it, and I feel that I must offer an apology for the triteness of the subject matter of my paper, but I was informed that it was designed to have a series of discussions upon familiar pathological conditions. With this understanding my scruples have been overcome. A consideration of special interest seems to me to be connected with the morphology of primary tubercle. In certain individuals, owing to inherited tendency or particularly unfavorable surroundings, recovery, after bronchitis due to cold, is retarded or a susceptibility to a new bronchitis is increased. In either case lingering catarrh, in the majority of instances, is the inception of the series of pathological processes known as phthisis pulmonalis. Two microscopical appearances nearly identical occur, but they differ materially in their microscopic anatomy. Certain so-called miliary tubercles are frequently composed only of the inflammatory products of connective tissue without the characteristic true tubercular arrangement. The word miliary expresses their appearance, but the inflammatory products may be so arranged as to represent true tubercle, pseudo-tubercle, or a diffuse inflammation. This tubercle or pseudo-tubercle is constant in the different forms of phthisis in the adult, except in the instance of pure interstitial pneumonia. Frequently the amount of tubercle tissue in the lungs is so great as to form the principal part of the process, although complicating inflammatory cheesy products are also present.

Classification of Phthisis. The term tubercular peri-bronchitis is probably the best for the earliest stage of phthisis, and sometimes is the best to designate the process all the way through. The appearance of the peribronchial tissues resembles berries on a stalk. The formation extends along the bronchi, spreading from acinus to acinus until the trunk is reached, and is also distributed in the sheaths of vessels and lymphatics. True tubercle may penetrate a bronchus and involve the lining membrane, and a true tuberculous ulcer may form the basis of an extensive associated bronchitis. Aside from this, these infiltrations excite inter-lobular connective-tissue growth, and subsequently the walls of the vesicles become thickened, and some vesicular catarrh ensues which may occlude a lobule. Thus the three divisions of the pulmonary tissue share in the pathological process of early phthisis. The cause of more than nineteen twentieths of vesicular consolidation is the result of a process of desquamative pneumonia. This term is used to describe the diffuse inflammation which may accompany the former processes, and which, more than the other changes, paves the way for the disintegration of the lung. In this process the peripheral epithelial cells of the bronchi are proliferated and shed, thus filling the bronchi and infundibula, while the surrounding connective tissue becomes infiltrated with cells. In children this process is a common one, on account of the greater cellular activity in these subjects. In the desquamative catarrhal pneumonias of early life the process differs from the desquamative pneumonias of adults, in that the air-cells only are filled, and there is little or no change in the intervesicular tissue. Hence it is that recovery is so much more frequent in children than in adults. This process of desquamative catarrh is the basis of those cases of acutely developed phthisis which follow croupous or catarrhal pneumonia, and which has been called acute catarrhal phthisis or galloping consumption—sometimes pneumonic phthi-

*Read before the Pathological Society of Philadelphia.

sis. When the pathological process just described is less rapid, the result which follows has been classed by some as acute caseous pneumonia. When the changes are still more slowly developed, it is synonymous with the chronic catarrhal pneumonia.

The relative development then of these processes known as phthisis in the three divisions of the pulmonary tissues, the bronchial, the inter-lobular, and the vesicular, is dominated by the activity of the inflammatory process, peri-bronchitis with consecutive changes in the latent forms, desquamative pneumonia in the more acute forms, while a process presently to be alluded to, interstitial phthisis, occurs as a very slowly developed change. In many of these cases, when the destruction of the lung is very rapid, the tubercular deposition, true or pseudo, occurs in early stages, but is masked in the later by the development of the secondary inflammatory desquamative pneumonic processes. The situation at which phthisis is developed is probably most frequently the apex. The forces of expiration presumably are least efficient at this site, and the lungs are less entirely freed from mucus. The circulation also is less active than at the roots, and the products of inflammation are therefore more dry. The roots of the lungs, however, in a large majority of cases, are primarily affected. This is especially true of cases in which the original processes of invasion are latent.

I pause here to observe a clinical point of some interest, viz: When the area of lung involved in the process of phthisis is distinctly limited and does not shade off gradually into healthy lung, my opinion is that a favorable result may be very possible. Certainly I have seen the process of phthisis arrested even when it had passed into the stage of cavity, when the lesions were sharply defined. The localization of a lesion, other things being equal, is a point of favorable prognosis. Another topic of interest is the share taken by pleurisy in the development of phthisis. A specimen already exhibited before the society, is again shown to-night. It is taken from a colored man seventy years old, with a family history free from the taint of pulmonary disease. He was tapped five times for the relief of hydrothorax due to heart failure. Each paracentesis was followed by an exacerbation of pleurisy. Nine months after the first operation, death occurred from an increase of hydrothorax. The autopsy disclosed general miliary tuberculosis of the pleura and secondary deposits in the viscera. Throughout the parenchyma of the lung adjacent to the pleura there was a copious deposit of tubercle, but the other parts of the lungs were normal. Another specimen exhibits the same tendency, general pleurisy, with phthisis and cheesy deposit in the pulmonary parenchyma, with cavities. The deposits are most abundant near the pleural surface of the lung, the deeper parts evidencing a more recent formation.

These specimens show that pleurisy may give origin to a tuberculous inflammation. But while this is true it is conceded by all that dry pleurisy is a frequent secondary lesion in the progress of pulmonary tuberculosis. Pleurisy is, however, in many cases very conservative, since by the thickening and adhesion of the pleural surfaces the ulceration of the walls of superficial cavities is arrested and pneumothorax prevented. Interstitial phthisis or cirrhosis is a process in which true or pseudo tubercle may or may not be associated. The pulmonary tissues are traversed by narrow bands of connective tissue which may gradually compress it more and more, finally converting it into dense fibrous masses. The color of the lung is apt to be slaty and dark. However, in some cases of interstitial phthisis patches of the peri-bronchial and desquamative pneumonia may be found with cheesy degeneration. Interstitial formation is an important part of the process by which cavities are inclosed and sometimes cicatrized.

Distribution. Interstitial phthisis, if consecutive to bronchitis, is usually bilateral, affecting the upper lobes, although as a unilateral affection it is not infrequent.

Syphilitic Phthisis. It is of interest to note in this connection that the early lesions of syphilitic phthisis, so called, are evoked very often by bronchial catarrhal inflammation, which predisposes to strictural changes. In these cases there is a principal interstitial fibro-nuclear growth commencing in the alveolar walls and concentrically arranged around the smallest bronchi and pulmonary vessels. Wagner maintains that the alveolar wall is implicated as commonly in syphilis as in ordinary phthisis. Bronchial narrowing occurs in these cases by the pressure of the new growth which develops along their lumen. Bronchial occlusion may occur from this new formation, but it is also caused by the enlarged bronchial glands, one of the effects of syphilis. By this means serious mischief in the lungs may be developed, in kind proportioned to the degree of obstruction, such as atelectasis, emphysema, and certain forms of pneumonia. Green and

Virchow suggest that the origin of syphilitic diseases of the lung is distinctive in this respect; that while in ordinary phthisis the fibroid is secondary or co-equal in its development with changes in the alveoli and alveolar wall, in syphilis there are primarily principal interstitial changes. Later, when entire vesicular consolidation and breaking down occurs, the process is similar to ordinary phthisis, and indistinguishable from it. The vascularity of the new growth of connective tissue is also claimed to be a distinctive characteristic of the inflammatory proliferation due to syphilis. But we must remember, in any discussion of early syphilitic lung disease, that the one special and characteristic lesion of syphilis is the change in the intima of the blood vessels. This has not yet been demonstrated in the lung, but merely general thickening of the external coat of the vessels. In the effect of interstitial processes upon the bronchial tubes the syphilitic differs from the non-specific disease. The tough, contracting fibrous tissue which radiates through the lung draws together the bronchial tubes, and deforms by narrowing or flattening them, possibly even to obliteration. On the contrary, in in the forms of non-syphilitic fibroid phthisis the bronchial tubes are widened. The process proceeds in syphilis from the hilus into the interior of the lung, following the tract of the bronchial radicals and the bronchial arteries. The lesions also occur on the surface, near the visceral pleura, where there is also more connective tissue. Gummata occurs as a later process. Time will not allow me to allude to these as I should like.

A demonstration of the pathology of phthisis would be incomplete without including some cases of true miliary tuberculosis. This process may be primary in the lungs or secondary as a part of the general infiltration of the serous and mucous membranes, the lymphatic glands, and the viscera. This form of tubercle is characteristically recognizable only in the miliary stage. Its appearance as a number of small, hard, translucent nodules is too familiar to need description. A specimen upon the table illustrates an extensive lymphangitis of the pulmonary pleura, forming a net-work over the pleura. The process, microscopically, shows adenoid tissue in nodular form. Similar cases have been described before the London Pathological Society in 1880.

Enlargement of the Bronchial Glands. Another important part of the phthisical process is the enlargement of the bronchial glands. They present a firm, pigmented character, and the connective tissue is usually infiltrated. I have observed in many cases, in individuals suffering from temporary catarrhal conditions of the bronchial mucous membrane, especially when there is a family history of inherited phthisis, but particularly in distinctly scrofulous persons, a set of symptoms referable to enlargement of these glands. These symptoms consist chiefly in an alteration in the rhythm of the breathing, presumably from pneumogastric irritation, apparent inability to fill the chest with air, and a sense of suffocation is felt. Added to these there is *pain* in the back to the right or left of the second dorsal vertebra.

Further detail of the clinical ensemble would carry one away from the pathology of the subject. When the enlargement of the bronchial glands is excessive, it may occasion severe mediastinal pressure, and pain becomes an important clinical symptom, and is of the sort occasioned by mediastinal growth generally. To detect this enlargement during life, Guineau de Mussy has suggested percussion over the spinous processes of the cervical vertebræ in the course of the trachea. Following this line in healthy subjects a distinct tubular sound is elicited by percussion down to the point of bifurcation of the trachea.

Opposite the fifth dorsal vertebra and downward we get the lower-pitched and pulmonary resonance. When the tracheal or bronchial glands are enlarged, the tubular sound over the upper dorsal vertebræ is replaced by dullness, which may contrast sharply above with the tracheal and below with the vesicular resonance. The result of bronchial pressure upon the pulmonary tissues is best marked when the processes of phthisis are not too extensive, also in interstitial phthisis, or in cases where there is marked bronchitic complication. In these cases the lumen of the bronchi are seriously diminished, and vesicular air-supply is interfered with. Consequently emphysema, with or without asthma, atelectasis, or a very intractable bronchitis may occur.

I will not describe the morbid process of phthisis in detail. The involvement of an entire lung is simply the filling up of the parenchyma with peri-bronchial product, or with the results of the desquamative pneumonic or interstitial process. And as one or the other of these predominate so do we

have peri-bronchial, fibroid or catarrhal phthisis. Another interesting, although not demonstrable, incident in the pathology of phthisis is hemorrhage. Bleeding from the lungs occurs both early and late in the history of cases. The late hemorrhage is easy to explain, being nearly always due to ulceration of the blood-vessel walls. The cause of early hemorrhage is less simple; it is possible that in cases of phthisis there may be mal-nutrition or fatty degeneration of the blood-vessel walls, rendering rupture under conditions of increased arterial tension in the lungs an easy circumstance. It may also be the result of tubercular infiltration of the muscular walls which is followed by rupture of the blood-vessels. Cavities in phthisis are the result of several processes. They occur (*a*) by a slow or rapid process of fatty degeneration, followed by ulceration; (*b*) as the result of chronic bronchitis and softening of bronchial tissue, with subsequent yielding to traction from without, for instance in broncho pneumonia or fibroid phthisis; (*c*) abscesses as a sequence of acute lobar pneumonia, following hepatization or purulent infiltration; (*d*) as the direct result of gangrene, itself the immediate consequence of wounds of the lung or blood-poisoning, or of emboli. Local gangrene on a small scale occurs sometimes around cavities in lungs or in the bronchial tubes, and may give rise to temporary fetor of breath, but is not likely to lead to fallacious inferences, chiefly because of its temporary character and the absence of permanent concomitant symptoms. It naturally follows that there are two locations for vomicæ, the pulmonary and bronchial tissues. Specimens illustrating the various forms of cavities are upon the table. The limits of a paper designed to open a discussion on phthisis will not permit me to dwell upon the bearing of these pathological changes upon physical diagnosis. I will therefore close with a brief resumé of the general clinical symptoms which define the diagnosis of the various sorts of cavities.

Phthisical cavities commonly are situated in one or both lungs, and are indicated as a development in a train of symptoms which include as prominent features gradual emaciations, persistent loss of weight by reason of mal-assimilation of food, more or less frequent hemorrhage and hectic, frequent pulse, hacking intermittent cough, nummular sputum, expectorated in varying amounts throughout the twenty-four hours, and not periodically as in bronchial dilatations nor inaugurated by a gush of pus and mucus as in abscess.

Cavities of the Nature of Abscesses. The pathology of these cavities, with its coincident clinical history, is not that of phthisis. The history of these cavities is either recovery by contraction (especially after wounds), or more frequently the abscess grows larger and larger until the entire lung may be destroyed, in this respect resembling phthisical cavities. Where death occurs it is by exhaustion and hectic; where recovery takes place it is by free opening externally or internally, and evacuation of the contents. At times the small amount of constitutional disturbance, slight degree of emaciation, good pulse, easy breathing, slight cough, and healthy complexion, are in noticeable contrast with the physical signs. Cavities of the nature just described are mostly located in the base of the lungs.

Cavities due to Bronchial Dilatation. Frequently for years the general health is almost unimpaired, and it is never so proportionately to the degree indicated by the physical signs. There is no hemorrhage or night-sweats, and emaciation is not a prominent symptom. The same physical signs persist for months or years unchanged, contrary to the history of most phthisical cavities, which continually alter with the advancing malady. The expectoration of bronchial dilatation is more abundant, fluid, and purulent than in catarrhal phthisis, and is usually brought up in the morning or evening by the cupful. It is not a constant spitting of nummular sputa, as in true consumption. In chronic cases the expectoration may become so fetid as to generate suspicions of gangrene; the cough is harassing, but is often relieved if the bronchial cavity is thoroughly emptied.

PHILADELPHIA, PA.

DR. VICTOR C. VAUGHAN, the senior editor of the Physician and Surgeon, has been appointed a member of the Michigan State Board of Health. This is a very good thing for the Michigan State Board of Health, as well as a merited compliment to our learned and accomplished confrère.

THE LONDON PRACTITIONER commences a new volume with the January issue, with cut edges, whereby its appearance is improved, and the comfort of those who read it much augmented.

Miscellany.

HURRY, WORRY, AND WASTE.—Attention is every now and again called to the many irresistible proofs which exist that there is something radically wrong in our modern mode of working, and rarely a week passes without some signal collapse in the ranks of our foremost men. (Lancet.) An endeavor has been made to show that the cause of that brain-wreckage which so commonly occurs among statesmen and polititians is the bad habit of turning night into day, which has been formed by the British legislature. The truth is, however, that the breakdown of public men is not due to any special cause. They are affected, as the ordinary members of modern communities are affected, by the hurry, worry, and waste that are characteristics of the age in which we live, and which pervade all classes and sections of the community. The demon "overwork"—erroneously so called—is as active among commercial men who go to bed at ten or eleven o'clock as among statesmen who sit up hearing and making speeches until the small hours. Side by side with this fact must also be set another, namely; that as a rule the votaries of fashion and gayety sit up a good deal later than members of Parliament, and yet do not suffer half so much. In truth we must look below the surface if we would search into the deep effective cause of the troubles we lament. It is not "overwork" but worry that kills. Our men of brain might do a great deal more than they do if only they were less feverish in their haste, less harassed by worry, and less wasteful of energy. We are all too much in a hurry about what we do. We have too many irons in the fire, too much business on hand at the same instant, and are far too energetic in our endeavors. With deliberation, calmness, and such reserve of strength as result from perfect restraint, a man may do an infinity of work without either trouble or injury. Breathless haste, eager anxiety, and an excessive expenditure of energy are the outcome of modern activity, whether in this country or on the Continent. The system of "quick returns" has been the bane of literature, almost extinguishing it and substituting in its place "journalism." The same system has revolutionized thought and science, and it is rapidly undermining the human constitution. We are impatient for results. Speeches are made with the knowledge that they will appear in print in a few hours, and that if any thing is omitted the deficiency will be criticised by some watchful opponent in the press. Every opportunity must be seized as it presents itself, or it will be lost. It follows that statesmen and politicians are kept on the strain of sustained attention, and their brains are for many hours in the twenty-four, whether in or out of Parliament, in a condition of ferment. The brains of speculators on the Stock Exchange, and even the brains of merchants in their private rooms are equally taxed, and in the same way. All classes of the community share the turmoil. The period is one of brain-wearing impetuosity, of hurry, worry, and waste—the waste of cerebral energy and nerve-force. The higher nervous centers are kept incessantly at work, and become, as it were, overheated, so that it is impossible they should quiet or cool down in the brief intervals of respite allotted to repose. Too often they do not rest even in sleep. The brain only dozes instead of sleeps, and as a result there are dreams of the recent day's work, that infallible symptom of impending mischief. The only marvel is that, looking to the utterly unphysiological character of our mental and nervous habits of work, the number of sudden failures is not greater than it is, and that we have not a larger percentage of brain-mortality to deplore.

M. GAMBETTA'S EYE.—So many stories have been told concerning M. Gambetta's eye that it becomes necessary to reëstablish the true facts of the case. The most popular account is that M. Gambetta, when quite a boy, destroyed his eye because his father refused to take him away from school; and this is related as a proof of his determined character. This version has, however, the disadvantage of being absolutely false. The injury was due to an accident. A tool escaped from the hands of a workman in a turner's shop and struck Gambetta in the face, blinding him in one eye. Gambetta was but a boy then. In the course of years the anterior part of the globe gradually dilated and became so large that he could no longer close the eyelids. In 1867 Gambetta was introduced, by his friend Dr. Fienzal, to the celebrated oculist, De Wecker, who declared that the wounded eye must at once be excised. De Wecker describes the operation, which he performed, in the *Gazette Hebdomadaire de Chirurgie*. Gambetta, who was then living in a very

modest apartment in the Rue Bonaparte, displayed great fortitude. Ether was administered and acted with exceptional rapidity. The operation was most successfully and promptly concluded. The eye, which was pear-shaped, had grown to double its normal size, and its antero-posterior diameter measured nearly five centimeters. In three days Gambetta was able to quit his bed, and he was very soon completely cured. De Wecker preserved the eye, but he ultimately lent it to the renowned histologist, Professor Iwanoff, remarking at the time that it was the eye of a man destined, he was sure, to enact an important part in the history of his country. Two years ago Professor Iwanoff died at Mentone, having still in his possession Gambetta's eye. This relic, together with Professor Iwanoff's collection, was handed over to his most devoted pupil, the Duke Charles of Bavaria, brother of the Empress of Austria and of the ex-Queen of Naples. Thus the eye of the statesman and patriot who, as Dictator, contributed more than any one else to raise armies and resist the German invasion, is now in the hands of a German prince!

American Public Health Association. The next meeting of this association will be held in Detroit during the second week in November, 1883. The executive committee announces the principal topics for discussion to be, (1) The best method of collecting and publishing vital statistics. (2) The etiology of malaria. (3) Food preservation and adulteration, and (4) The physics of house-drainage.

The Rensselaer County Medical Society and the New Code.—At the stated meeting of the Rensselaer County (N. Y.) Medical Society, held in Troy, N. Y., on February 13th, the society voted to stand by the Code of the American Medical Association and elected delegates to the association. The county society thus takes open issue with the State society.

Correction.—In the title of Dr. F. Peyre Porcher's interesting communication in our issue of the 17th ultimo, *Didelphus* should have been *Didelphys*, and in the text the words *Philadelphia Transactions* should be *Philosophical Transactions*.

By authority of the Board of Councilors of the Massachusetts Medical Society, the Columbus Medical College, of Columbus, Ohio, has been stricken from the list of medical colleges whose diplomas are recognized for admission to the society.

The Potato-famine in Ireland.—The papers now appearing in the Freeman's Journal give a terrible description of the misery and want from which the poorer people of some parts of Ireland are suffering. Whole villages are desolate, and men, women, and children have died, and are daily dying, of actual deprivation of food. Again the Irish potato-crop has failed, and again, with its periodical persistence, famine stalks through the unhappy land.

Dr. George M. Beard.—His passion for psychological analysis, his ruling passion, it might be called, says the British Medical Journal, was strong in death, for a few hours before he passed away he said to those who who watched by his bed: "O, that I had the strength to record the thoughts and feelings of a dying man! What an interesting chapter would the story of the struggle I am going through make."

Compulsory Vaccination in Germany. Dr. Robert Koch has expressed himself strongly in favor of the present movement in Germany which proposes compulsory vaccination. He thinks the dangers of transmitting syphilis and scrofula are almost infinitesimal.

Tit, but not Tat.—If any one is so wicked as to poison his grocer who brings him food every day, the severest penalty of the law would be enforced; but if your grocer poisons you by adulterating your food, ten chances to one no notice will be taken of it.—*Ex.*

A Post-Graduate School has been established in Philadelphia. The corps of instructors includes a number of gentlemen of well-known ability as writers, teachers, and practitioners.

Mustard and Molasses.—Dr. Tyson, of Philadelphia, recommends the addition of molasses to mustard in making plasters. This furnishes a mild, persistent counter-irritant, which can be worn for hours.

The Library of the Late Dr. Geo. M. Beard.—We learn that the library of the late Dr. Geo. M. Beard is being catalogued with a view to disposal by auction.

The Louisville Medical News.

Vol. XV. SATURDAY, MARCH 3, 1883. No. 9.

LUNSFORD P. YANDELL, M.D., - - }
L. S. McMURTRY, A.M., M.D., - - - } Editors.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

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ANTISEPTIC TREATMENT OF FEVERS.

The thoughtful observer of modern medical inquiry can not but be struck with the tendency, as manifested in the most recent medical and surgical works, in the medical press, and in the proceedings of medical societies, to place pathology on a germinal and fermentative basis. Recent researches in pathology are being propelled toward one point as the basis of both external and internal pathological processes. The germ theory, so long dominant in surgical pathology, is now penetrating the domain of internal pathology, and for some time past one after another of the zymotic and infectious diseases has been attributed to one or another form of low organism as its pathogenetic cause. The researches of Koch in connection with the tubercular process, of Ekland in scarlatina, of Pasteur in several infectious diseases, all following hard upon Mr. Lister's brilliant researches in germinal pathology, have given an impetus to this line of inquiry which is now rapidly pervading every department of pathology. Already we are told of a bacillus of syphilis which plays a similar role in that infection to the bacillus of tubercle in phthisis. A certain form of bacteria is claimed to be at the basis of the specific character of gonorrheal pus. As a natural sequence of these pathological doctrines comes a distinctive school of therapeutics. Our German confrères have for some years tended toward a heroic method in the treatment of the acute infectious diseases, which is the resultant of these growing ideas in pathology. It is doubtless the pursuit of these methods which induced Liebermeister to advocate the treatment of typhoid fever by large doses of mercury. The same views relative to the treatment of the zymotic affections pervade the recent treatise of Dr. Bartholow on the Practice of Medicine. A careful student of German medical literature, and tending toward that method of investigating morbid processes, Dr. Bartholow advocates the internal administration of tincture of iodine and carbolic acid in the class of diseases mentioned, thus following, somewhat tentatively perhaps, the germ theory in pathology and therapeutics. Dr. Whittaker, of Cincinnati, whose studies in pathology and high attainments in the clinical investigation of diseases entitle his views to the highest consideration, is also an eloquent advocate and earnest practitioner in the same school of pathology. These gentlemen, not having passed the age of innovation, may be mentioned as fair exponents of the most modern views of pathology in this country.

At a recent meeting of the Harveian Society, of London, a paper was read on the Treatment of Fevers and Exanthemata by Antiseptics, by Dr. H. C. Stewart, of which the following is a synopsis:

The author said that his attention had first been directed to this subject in the year 1837, when, as a student, he saw cases of glanders and farcy treated with creasote by the late Dr. Elliotson with considerable success. Since that date he had treated cases of smallpox, some of them of the most virulent nature, with sulphite of soda, the results being decidedly favorable. He found that this drug cut short the usual periods of the different stages; that maturation began and ended earlier under its influence, and that the scabs were more quickly thrown off, and with less pitting. For scarlet fever he used a linctus, composed of one part of sulphurous acid to seven parts of

honey, which combination he found very efficacious for the relief of the throat-distress in scarlatina anginosa. Measles, typhoid fever, diphtheria, and erysipelas, treated with the sulphite of soda or with sulphurous acid, quickly subsided. Salicylic acid, combined with potash, soda, or ammonia, was found useful in catarrh, influenza, and the milder cases of scarlet and typhoid fevers, and measles; but, in the severer cases, the sulphites were to be preferred. The author then quoted M. Ramonet, of Algeria, and M. Desplats, of Lille, who had treated many cases of typhoid fever successfully by enemata of solutions of carbolic acid, of a strength varying from one to fifteen grams to one hundred and fifty grams of water. He mentioned the discovery by Ekland, of Stockholm, of a vast number of peculiar cellular bodies in the blood and urine of scarlatinal patients. This discovery had recently been confirmed by Dr. Octerlony in America; and, if the views of these observers were correct, the infective material of scarlet fever has been discovered.

The British Medical Journal of the 10th ultimo editorially directs attention to the discussion in France of the carbolic-acid treatment of typhoid fever, the recent epidemic of typhoid in Paris having furnished ample opportunities for exhibiting the various methods of treating this disease. The antiseptic treatment of enteric fever has its advocates in France as well as in Germany, America, and England, though it is evidently less extensively adopted in the latter country.

Thus it will be seen that the germ theory has pervaded the pathology and therapeutics of the present as did the humoral theory in its day and generation. The question for consideration is, will it verify practically at the bed-side those brilliant expectations which are based on investigation in the pathological laboratory? This is the test which all practitioners will regard as the true one, and it is the only one which will be satisfactory.

And now for a few comments on the tendency of modern pathology and therapeutics as exhibited in the antiseptic treatment of fevers. Only a few years ago Lister and others in Great Britain, with Volkmann and other able pathologists and surgeons in Germany, advocated with equal enthusiasm the antiseptic system in surgery. All that now remains, according to the best authorities, of the entire system is the demonstrated power of cleanliness, and particularly by means of perfect drainage, in the treatment of wounds and abscesses. The spray and the omnipresent carbolic acid have disappeared from their potential positions in surgical operations and surgical dressings. And now, is a like result to follow the antiseptic treatment of fevers? Let it be remembered that this is the same theory applied to internal pathology which so long held sway in external pathology.

Is it not essential before adopting the antiseptic treatment of fevers to demonstrate that the bacteria and other organisms found are the causes and not the mere accompaniments of the pathological process? And besides does not the presence of such organisms as the bacillus of tubercle show that through such means disease *may* be transmitted rather than that disease *is* transmitted from one individual to another? In other words, in all these pathological doctrines are not we taking a great many *presumptions* to be *facts?*

Nothing is more deceptive in science than the taking of impressions for facts. While medicine is not as yet an exact science, the more we strive to make it such the more accurate, and hence the more brilliant, will be its practical results. Many investigators as well as many practitioners make an observation which is apparently the result of certain causes, and claim that the relations are those of cause and effect. A physician gives a remedy, and at once his patient recovers. To him prognosis is *couleur de rose* in that disease, and his views concerning a certain malady are determined by the results of a few cases. The elder Dr. Warren Stone, of New Orleans, was accustomed to remark that physicians after seeing five cases of yellow fever believed they knew all about the disease, but after seeing five hundred cases they were usually satisfied that they knew nothing about it. This system of rapid deduction upon insufficient facts is the bane of

medical science in pathology as well as in therapeutics. It is this which begets fashions in medical and surgical therapeutics. It is unfortunate that enthusiasm, in so far as it is emotional, can not be eliminated, and nature interpreted by judicious, deliberate, and exact methods. It is to such a spirit of inquiry we must look for the proper estimation of the dominant theory in modern pathology and therapeutics, the latest expression of which is found in the antiseptic treatment of fevers.

THE STATE BOARD OF HEALTH.

We would direct the attention of the members of local and county boards of health in Kentucky to the call of the Kentucky State Board of Health for a convention of the members of these organizations, to be held in this city on the seventh inst. It will be welcome intelligence to the profession, as well as the public, to know that the State Board is waking up to the importance of the duties with which it is intrusted. When the convention assembles we hope that the representatives of the State Board will be prepared to submit plans for more substantial work than has hitherto characterized that body. Much complaint has been made of the inadequacy of the present appropriation with which the board is furnished. This is very well founded, but it must be realized that an increase of this appropriation depends upon the manner in which the fund is utilized. In consequence of the inefficiency and impracticable nature of the work of the board, the bill to increase the appropriation failed at the last session of the General Assembly. The present appropriation is quite sufficient to justify some valuable work, and the salary of the secretary will compensate that official for the expenditure of some time and labor in executing the plans and investigations recommended by the board. Both the public and the profession will be quick to recognize and value efficient practical work bearing upon any of those functions of a State Board of Health which are of such inestimable importance in the public economy. We hope the convention will be largely attended, and that it may prove an eminent success.

Medical Societies.

THE TRI-STATES MEDICAL SOCIETY.

One of the most important medical events of the year will be the meeting of the Tri-States Medical Society at Indianapolis in September. Already the work for this convention is far advanced, owing to the almost perfect organization of the society.

Some years ago the society found that the hospitality of the citizens in the places of meeting to some extent interfered with its proper work, and that long papers crowded out shorter and better ones. It was then resolved that the society accept of no banquets, etc., and that all papers be limited to twenty-five minutes.

From that time the increase in interest and attendance was marked, and now, during each of the three days of the meeting, three sessions are held, fully occupied with short, practical papers and discussions, the authors having been previously selected by the Committee on Programme. The Tri-States is in exact harmony with the different State and other local societies, leaving to them all matters of legislation and ethics, and requiring that its members be also members in good standing of one or more of these.

The territory embraced is Indiana, Kentucky, and Illinois, to which Cincinnati and St. Louis have been added. At the last meeting there were many visitors from other States.

The Tri-States holds front rank in reputation in both Europe and America as a working society, and work has been the secret of its success.

For further information address any of the officers: Dr. William Porter, St. Louis, president; Dr. G. W. Burton, Mitchell, Ind., secretary; Dr. F. W. Beard, Vincennes, Ind., treasurer; Dr. T. B. Harvey, Indianapolis, chairman of Committee of Arrangements; Dr. T. L. Thompson, Indianapolis, chairman of Committee on Programme.

Respectfully, G. W. Burton, *Sec.*

Bibliography.

Transactions of the American Ophthalmological Society. Eighteenth Annual Meeting, held at Lake George, July, 1882. Published by the Society. New York. 1882. Pp. 442.

It is the impression of many that the American Ophthalmological Society, holding its meetings in midsummer at the most attractive summer resorts, furnishes its members a happy re-union every year amid pleasant social surroundings and attractive natural scenery. It is fair to presume that when our readers see the notice of the annual meeting in the very height of the dog-star's reign, they picture the ophthalmic surgeon in the midst of iced beverages on cool piazzas and in shady nooks, rather than wrestling with the intricate problems of accommodation and refraction. But the injustice of such impression is apparent on taking up the handsome volume of this society's transactions. While we have no doubt that our confrères give due attention to the reduction of body heat by the most agreeable methods during these annual sessions, yet before leaving home they earn by substantial work the pleasurable relaxation which the summer holidays invite. The papers presented are highly creditable to the able cultivators of this branch of surgery in America.

The following is a list of the papers read at the annual meeting of 1882:

Dr. Edward Reynolds: In Memoriam.

Pulsating Vascular Tumor of Orbit, Eyelid, Temple, and Forehead, Treated by Electrolysis (with woodcuts). By Charles Stedman Bull, M.D., New York.

Atrophied Remains of the Hyaloid System Attached to the Posterior Pole of the Lens and Detached from the Papilla (with woodcut). By W. W. Seely, M.D., Cincinnati, Ohio.

Serous Effusion into the Vitreous. By W. W. Seely, M.D., Cincinnati, Ohio.

Apparent Disappearance of Iris after Extraction of Cataract. By R. J. McKay, M.D., Wilmington, Del.

Non-pulsating Exophthalmus, with Recurring Thrombosis of Orbital Veins. By R. J. McKay, M.D., Wilmington, Del.

Hereditary Atrophy of the Optic Nerves (with woodcut). By William F. Norris, M.D., Philadelphia, Pa.

The Influence of the Faradic Current in the Treatment of Vitreous Opacities, with Cases. By William S. Little, M.D., Philadelphia, Pa.

Report of a Case of Glioma in a Patient Twenty-one Years of Age. By C. S. Merrill, M.D., Albany, N. Y.

A Case of Anesthesia of the Retina, with Concentric Limitations of the Fields of Vision—Recovery through Inhalations of Nitrite of Amyl (with woodcuts). By Richard H. Derby, M.D., New York.

Remains of the Hyaloid Artery attached to the Crystalline Lens—Anesthesia of the Retina. By William S. Little, M.D., Philadelphia, Pa.

Circumscribed Absorption of the Lens, apparently of Traumatic Origin, without the Remainder of the Lens becoming Opaque (with chromolithograph). By Samuel Theobald, M.D., Baltimore, Md.

A Fragment of Glass in the Eye, probably in the Ciliary Body, for Ten Years, without producing Serious Consequences. By Samuel Theobald, M.D., Baltimore, Md.

A Case of Extensive Hemorrhage between Choroid and Sclerotic. By G. Hay, M.D., Boston, Mass.

A Peculiar Case of Alopecia of the Eyelids (with illustrated plate). By F. Buller, M.D., Montreal, Can.

Removal of Foreign Bodies from the Cornea. By Henry D. Noyes, M.D., New York.

Three Cases of Tumor of the Eye (with woodcuts). By Henry D. Noyes, M.D., New York.

Contribution to the Clinical History of Metastatic Irido-Choroiditis. By H. Knapp, M.D., New York.

A Simple Test for Simulated Monocular Blindness. By G. C. Harlan, M.D., Philadelphia, Pa.

Sarcoma of the Lachrymal Gland (with woodcuts). By G. C. Harlan, M.D., Philadelphia, Pa.

A Case in which an Attack of Acute Inflammatory Glaucoma was Immediately Followed by Inflammation of the Brain. By Charles J. Kipp, M.D., Newark, N. J.

Embolism of the Central Artery of the Retina (with woodcuts). By W. F. Mittendorf, M.D., New York.

Ophthalmic Notes: (1) Double Glaucoma Fulminans. (2) Extraction of a Piece of Iron from the Lens by Means of the Permanent Magnet. By S. B. St. John, M.D., Hartford, Conn.

Premature Delivery for the Prevention of Blindness. By Edward G. Loring, M.D., New York.

Case of Osteoma of the Conjunctiva (with woodcut). By Edward G. Loring, M.D., New York.

An Improved Means of Oblique Illumination—A Corneal Condenser (with woodcut). By Edward G. Loring, M.D., New York.

Improved Trial Frames (with woodcut). By G. C. Harlan, M.D., Philadelphia, Pa.

Any of our readers interested in any of these topics can doubtless secure a copy of the paper by addressing the author. The volume contains quite a number of illustrations which are excellently executed. We congratulate the society upon the excellent work accomplished. The volume before us is a handsome contribution to American ophthalmology.

The School of Salernum; a Historical Sketch of Medieval Medicine. By H. E. Handerson, A.M., M.D.

This pamphlet of sixty pages is the outgrowth of a paper read before the New York County Medical Society, by Dr. Handerson, in 1878. It gives in concise form the origin, growth, and influences of the ancient medical school which flourished at Salernum centuries ago. The preparation of this essay required much laborious study in addition to thorough knowledge of ancient history and the classics. This pamphlet is instructive, interesting, and a valuable paper for reference.

A Successful Case of Lumbar Colotomy, or Excision of a Stricture of the Descending Colon through an incision made for a left Lumbar Colotomy, with remarks. By Thomas Bryant, F.R.C.S., surgeon to and lecturer on surgery at Guy's Hospital, London. Extracted from the Medico-Chirurgical Transactions. 1882.

American Hero-myths.—Dr. Daniel G. Brinton, of Philadelphia, senior editor of the Medical and Surgical Reporter, has just published a book with the above title. Dr. Brinton is always interesting and instructive. This book is sure to attract attention.

Primary and Secondary Reunion of Divided Nerves; being the annual address before the South Carolina Medical Association. By Francis L. Parker, M.D., of Charleston. 1882.

Bacteria, and their Presence in Syphilitic Secretions. By Robert B. Morrison, M.D., of Baltimore, Md. 1883. A reprint from the Maryland Medical Journal.

The Treatment of Acute Eczema. By George H. Rohé, M.D., of Baltimore, Md.

Selections.

On Anesthetics and their Administration.—When giving anesthetics, the head of the patient should be kept on a level with the body or on a gradually inclined plane, not doubled forward by too great a number of pillows under the head, for by so doing curves are made in the windpipe, but let the exit from the lungs to the mouth be in one straight line.

To know when the patient is sufficiently under the influence of any anesthetic for the operation to commence, the conjunctival surface should be touched with the tip of the finger, and if no reflex action takes place, shown by the contraction of the orbicularis palpebrarum muscle, a sufficient degree of insensibility has been produced. The corneal surface of conjunctiva is more sensitive than that covering the sclerotic; therefore, if the latter shows insensibility when touched the anesthetic will be found sufficient for ordinary purposes; insensibility of the former being, of course, required for operations upon the eye itself. It must be borne in mind, however, that the conjunctival surface repeatedly touched by the finger eventually loses its sensibility. This fact must be borne in mind by the chloroformist, and first one eye and then the other be touched, or a false impression that the patient is thoroughly anesthetized may be conveyed. Paralysis affecting one side of the body may also occasion loss of sensibility of one conjunctival surface.

Dilatation of the pupils is a sign of the anesthetic having been pushed to a sufficient extent, and the inhaler should be immediately removed from the face.

Flaccidity of the limbs is no sign of cutaneous insensibility.

How long does it take to get a patient under the influence of an anesthetic?

Nitrous-oxide gas will produce insensibility in one minute, but the effect being so transitory it can only be given for operations which can be completed in five minutes. Ether given by any open inhaler will not produce insensibility under eight or ten minutes; when given by Clover's portable inhaler, insensibility can be produced in from three to four minutes, and when preceded by a few inhalations of nitrous-oxide gas in from two to three minutes. But if nitrous-oxide is not used, the space of time occupied in producing insensibility is the same in both of Clover's apparatus. The time

occupied, however, and by any apparatus, is always shorter in the warm weather, and a longer time is required for persons of strong constitution or accustomed to much alcohol, the amount of the anesthetic required varying in a corresponding degree to the vital capacity of the patient.

Chloroform, when used in children and old people, produces insensibility in about two minutes, or rather less.

How long may a patient be kept continuously under the influence of an anesthetic?

Nitrous-oxide gas, as was previously mentioned, can only be given for a space of one minute, therefore ether or chloroform is used when duration is of consequence, and of the two I undoubtedly give the preference to ether, on account of its being a vascular stimulant. Two hours and fifteen minutes is the longest time that I have given ether continuously, but even then after discontinuing the application of the mouth-piece the patient was, of course, considerably longer in a state of unconsciousness, although not entirely insensible, as shown by touching the conjunctiva. In cases where anesthesia is kept up for a long period, shock, partially due to the anesthetic and partially due to the operation, is developed to a greater or less extent, shown by coldness of the surface of the body and extreme prostration. This is best combated by the application of a warm-water bottle to the cardiac region, and subsequently, when the operation is completed, by an egg-and-brandy enema.

Some peculiarities occasionally occur during the administration which are interesting, and should be known to the administrator. The inhalation of ether frequently produces exanthematous patches on the face and upper parts of the body, and I have known a case to be removed from the operating table under the impression that the patient was suffering from one of the eruptive fevers and unfit for operation. The origin of this phenomenon is to be found in paralysis of the vasomotor nerves by the anesthetic. I should mention also that if any skin eruption is present, it is made by the same cause more prominent.

A false impression when feeling the pulse may be very easily conveyed, as in a case I remember, where the patient, lying upon the arm, compressed the main artery and stopped the pulse, greatly to the consternation of the anesthetist. The case was one of removal of a tumor from the right scapula, the radial artery being abnormally situated and absent on the right side; the patient was suddenly brought over on to the left side for the convenience of the operator, and the left radial was stopped by compression from the weight of the body.

Elevation of the jaw, by pushing the angle of one or both sides forward, acts upon the tongue and gives freer respiration. The converse also is easily seen, as I have frequently demonstrated to the students, that by pushing the lower jaw backward, the breathing can be immediately impeded or altogether arrested. As it is difficult to raise the jaw, both hands being occupied, one holding the pulse and the other the inhaler, I have devised an underchin support which I call jaw compasses, being of that configuration, for the purpose of going behind the angles of the jaw and drawing them forward and upward, the administration by this procedure being considerably assisted. A circular india-rubber band, similar to that used for keeping letters together, passed over the nose-piece of the inhaler and under the symphysis of the chin, will also answer the same purpose.

The administration of anesthetics for cases to be operated upon for the cure of cleft palate are always troublesome, and it is usually found that chloroform for these cases is best. Ether causes not only an increased secretion of saliva, but also increased vascularity, and the mouth being wide open, patients return to consciousness sooner than when chloroform is given. Another difficulty in these cases is the insertion of the mouth-gag, the breathing on its insertion becomes immediately impeded by the tongue being thrown backward at the same time as the lower jaw is depressed. A good mouth-gag is much wanted, its requirements being to keep the mouth open, to draw the tongue forward, and to push the lower jaw forward. The one that most fully meets these requirements is described in the London Medical Record of April 15, 1881.

The use of chloroform is necessary for all operations upon the interior of the mouth (removal of tongue, etc.), for the same reasons as mentioned when speaking of cleft palate. When the mouth has been kept open for some time, I frequently use Clover's chloroform bellows, manufactured by Messrs. Coxeter & Son, whereby a mixture of chloroform and air is blown down the back of the throat.

The question whether anesthetics should be given at all in eye operations is a debatable one, the vomiting from chloroform and

the vascular turgescence from ether being the objections to their use. I consider that anesthetics are always necessary for ophthalmic operations upon children, but never for adults, except in cases of enucleation and for operations upon the eyelids.

Chloroformists should not administer anesthetics for too long a time at one sitting, for the administrator, after giving anesthetics for two or three hours consecutively, becomes somewhat anesthetized himself and lacks that amount of vigilance which he had at the commencement, and ought to have throughout the whole of the administration. This is more especially the case when open inhalers are used. There is in addition great mental strain to the administrator from the anxiety and constant watchfulness entailed.

The element of danger is more often present in rectal operations. Why, I can not say; but undoubtedly I have had, and others also, more anxiety over the administration of anesthetics in these cases. Whether it arises from the fact that *all bloodless operations are dangerous in plethoric individuals*, or whether diseases of the bowel are unusually depressing, and that the high sensitiveness of the rectum requires a greater degree of anesthesia, I am not in a position to say, but the fact remains the same.

In cases of stoppage of the heart's action, in addition to percussion of the heart with the wetted end of a towel, artificial respiration must be immediately commenced, because the stoppage of both factors would make up the whole fatality. Inversion of the body should be always tried if stoppage of the heart's action occur. The head being lowered and the legs elevated, the blood is sent to the upper part of the body; a similar effect is produced, but less quickly, by the application of bandages up the legs. The latter may be adopted with great advantage in operations about to be performed upon anemic patients. Inversion of the body should be maintained until the heart's action is resumed, for success has been found to follow this procedure.

The post-mortem appearances of fatal cases show that hepatization of the lungs with adhesions to the pleural surface, or a fatty heart, or one having adhesions to the pericardium, are more especially antagonistic to successful anesthesia.—*S. Osborn in St. Thomas's Hospital Reports.*

The Treatment of Inflammation.—The diapedesis of white corpuscles which occurs in inflammation is produced, according to Cohnheim and Hering, as a sort of mechanical filtration through the wall, but, according to Binz and others, is a vital process intimately connected with the irritability and chemical integrity of those structures. The opinion held as to the nature of the process must, as Binz has lately pointed out, modify considerably the therapeutic method employed. If there is only a mechanical extrusion of the cells through the wall of the vessel, it is of paramount importance, in all internal inflammations, to lessen the blood-pressure. If, on the other hand, there is an independent exit of the corpuscles which adhere to the wall of the dilated vessels, the aim of therapeutic measures must be to lessen their activity. Binz asserts that the white corpuscles only escape when the red corpuscles are passing by the stationary pale ones, and only so long as the latter possess the power of adhering to the wall, and the passage seems to be attended by changes of form similar to those which are presented by the corpuscles outside the vessels. He states that the diapedesis is stopped if the vessel is tied, and it is stopped also on both sides of the ligature, and therefore where the blood pressure is completely arrested as well as where it is in full force. It also stops when the colorless cells are paralyzed by any agent, such as quinine, eucalyptol, iodoform, or salicylic acid, without the heart or the vessels presenting the slightest alteration.—*Lancet.*

Some Points on the Reduction of Hernia.—Dr. J. S. Wight (Proceedings of the Medical Society of the County of Kings):

Seeing that the major operation, or opening the sac, in a case of hernia, is one that may involve great danger, and seeing that the minor operation, in which the sac is not opened, may involve some danger, and seeing that the taxis is a safe procedure, especially when it is successful, any expedients that will enable the surgeon to reduce a greater number of hernia, so that fewer operations will be required, will be the means of saving life. In this statement it is implied that cases of hernia are operated on that do not require an operation, and it must be admitted that it is not good practice to operate on a hernia that can be reduced by taxis.

The method of taxis for reducing a hernia, especially one that is strangulated, that I have adopted and advise, may be described as follows:

1. As far as possible grasp the hernial tumor with one hand; this can generally be readily done, except when the tumor is very large. The right hand will be best adapted for this purpose.

2. Now take hold of the neck of the hernial sac with the thumb and fingers of the left hand in close proximity to the ring of constricting tissues, which can generally be readily distinguished.

3. Then make gentle traction on the hernial tumor by means of the right hand, when two effects will generally supervene: (1) The hernia will be drawn out a little and liberated from the ring of constricting tissues; and (2) some of the fluid contents, and may be some of the solid contents of the sac may be felt going through the hernial canal into the abdominal cavity. As the hand pulls on the tumor it will compress it at the same time, and thus tend to express the contents of the sac. And the contents of the sac will be more apt to be expressed because the hernia is liberated from its constriction.

4. The thumb and fingers of the left hand, as it were, supplement the hernial canal, as they are near the constricting tissues, so that the sac and its contents will be prevented from expanding just outside of the outer end of the hernial canal. In one instance the thumb and fingers will accurately guide the hernial contents into the hernial canal, and in the other instance the hernial contents will swell out around the outer end of the hernial canal. In the latter instance the reduction of the dislocated intestine will be obstructed, and in the former instance its reduction will be greatly facilitated.

5. When the fluid contents of the sac begin to *go back*, then the solid contents of the sac will also begin to *go back*. The left hand of the surgeon must still continue the work it has begun, but the right hand must now, in addition to firmly grasping the hernial tumor, begin to push this tumor toward the external ring in between the grasp of the thumb and fingers of the left hand, when generally, little by little, and sometimes suddenly, the dislocated intestine will be reduced. Of course, the rules of position and relaxation in regard to the patient should be put in force. When this method of taxis is properly carried out it will, no doubt, diminish the number of operations for strangulated hernia.

6. In this place I may draw attention to this method of taxis for the purpose of reducing a hernia when the minor operation is performed, since the constriction may be outside the neck of the sac. Also I may call attention to the fact that I have sometimes expanded and stretched, or perhaps torn more or less, the constricting band of tissues about the neck of the sac by means of my finger, which has been pushed up under the edge of this band, carrying the tegumentary tissues before it, thus enabling me to reduce a hernia because the canal has been enlarged. At times I have found this a most valuable expedient, and have never known it do any harm.

On Syme's Amputation.—(William S. Savory, in the Lancet.)

Every one knows that Mr. Syme attached very great importance to certain details of the admirable operation of amputation at the ankle-joint that goes by his name. He insisted especially upon the position of the incision across the sole. "The foot being placed at a right angle to the leg, a line drawn from the center of one malleolus to that of the other, directly across the sole of the foot, will show the proper extent of the posterior flap. The knife should be entered close up to the fibular malleolus, and carried to a point on the same level of the opposite side, which will be a little below the tibial malleolus." Thus he laid it down, and he dissected the flap off the os calcis from below upward. These directions were for a long while rigidly observed, but of late years surgeons have been less particular in the direction of the incisions. That across the sole is often made obliquely backward at the expense of the flap. The incision across the front of the joint is also varied, sometimes being quite transverse, at others curved toward the toes. With regard to the heel, of course the more obliquely backward the incision of the sole is made the less difficulty will there be in the reflection of the flap, if done from below upward; but it seems to me of importance to preserve at least the whole of the heel, so that it is best to make the incision a vertical one. The thick integument of this region forms so capital a pad on the extremity of the stump that care should be taken to secure the whole of this, and to bring it well forward in the first instance, for during repair and afterward there is a tendency in this to be drawn backward. Of course, it will not be forgotten that after this operation the person stands and walks directly upon the extremity of the stump. With regard to the particular points where the extremities of

the vertical incision should be, some surgeons keep them both on a level with the external malleolus, but I prefer to have them rather more forward—that is to say, on a line with the extremity of the internal malleolus, but not extending higher than the level of the external one, for the base of the flap is thereby so much broader. This is, I think, an advantage, and, so far as I I can see, there is no objection to it. But of all changes in the operation I should attach most importance to the way in which the dissection is done. I greatly prefer, after making both incisions, to open the joint from the front, and then to work from above downward. This mode of dissecting out the os calcis is far easier than the original plan of dissecting from below upward, and there is less danger of inadvertently cutting into the substance of the flap. I have adopted this plan now for several years, in many cases, and I can not doubt that it is a much better one of performing the operation. By dissecting out the os calcis from above downward, and so escaping the only difficulty in the operation—that of turning off the heel—there is no temptation, as in the other way, by carrying the first incision obliquely backward, to sacrifice some portion of the flap.

Retention of a Detruncated Head and the Placenta in Utero for Forty Days.—This astonishing case is reported in a recent number of the *Archiv für Gynäkologie* by Dr. Alois Valenta. The patient was thirty-five years old, and this was her fourth child. Labor came on at term, the child presenting with the shoulder. A medical man was called, who proceeded first to detach the lowermost arm, and then to bring down the feet. He delivered the body, but could not get the head to follow, so he cut through the neck and left the head behind. Two other doctors were then called in, but all they did was to administer ergot and advise that the patient should be taken to a hospital. This her husband would not hear of, and so nothing was done. Eight days after the medical men had seen her, a midwife was called in; but she did nothing except syringe the vagina with warm water every two or three days. The patient all the time had no bad symptoms—no rigor, no particular pain, no bladder or rectum trouble, ate well, and slept well; the only thing was that she felt weak, and that the lochia stank insufferably. Thirty-eight days after the labor the patient rebelled against marital authority, and had herself taken to the hospital. When seen there, her pulse was 72, temperature 99.5°. There was no sign of uterine action, and the uterus seemed to have undergone complete involution, being spread like a thin cap over the retained head. Three days after admission, the vagina having been first repeatedly syringed with a three-per-cent solution of carbolic acid, the cervix was dilated with sponge and tupelo tents, and repeated doses of ergot were given. This brought away discharge and small fragments of bone, but the patient felt no pain, although intermittent hardening of the uterus was preceptible. After dilatation, the bones of the fetal head were seized, as they could be got at, with strong polypus forceps and carefully removed. The chief difficulty was found with the parietal bones, which were in such close coaptation with the uterine wall that it was difficult to seize them, and when seized, it was necessary to double them up (a thing not easily done) in order to get them through the cervical canal. About forty bits of bone were taken away. Then the placenta, which looked quite fresh, was detached with the finger and removed piece-meal—a proceeding which occasioned some hemorrhage. The whole operation occupied about an hour and a half. When it was finished, the uterus was washed out with hot water, and ergotine injected subcutaneously. The patient recovered without a bad symptom. Dr. Valenta has only been able to find in literature one case resembling this. This is recorded by Freund. In his case the detached head was retained for ten years, the uterus, as in Valenta's case, showing no inclination to expel it.

Erysipelas. — Erysipelas never comes without a break somewhere in the skin, a solution of continuity. Formerly erysipelas was divided into idiopathic and traumatic varieties, the former supposed to originate of its own accord, while the latter was produced by some accident or surgical injury. Trousseau first showed that erysipelas is always traumatic. The disease shows itself on the skin, sometimes on the mucous membrane internally, but it always stands in connection with the outer world, and is always produced by a solution of continuity. It often begins about the angles of the nose or mouth or eye, from a slight abrasion frequently overlooked or perhaps healed over at the time. It is most frequent in this region, where it is called erysipelas faciei. Erysipelas capitis generally begins, too, in

the face and then travels up. Sometimes the break is healed up and it might be thought that it entered the unbroken skin. This is never the case. There is always a delicate scar sufficient to allow of the permeation of the germs from which the disease develops. It does not necessarily complicate the healing process of a wound, though it sometimes leads to gangrenous destruction. Busch reports interesting cases of malignant tumors, especially lupus, healed rapidly by an erysipelas. The new infection substitutes and supplants the old inflammation or disease process.—*Dr. J. T. Whittaker in Lancet and Clinic.*

Winter Cholera.—The disease to which this significant name has been applied appears to be coming into notice at the present time. (Medical News.) In the health bulletins for the week ending January 27th, we meet with it in two large sections of the country. A Michigan report states that there are many cases of winter cholera, which comes on very suddenly and is severe; and Dr. Bryce, Ontario Board of Health, says: "Among the peculiar features of this extremely cold week, is the fact that in District IV, whence are reported over seven hundred cases of disease, diarrhea not only becomes one of the six most prevalent diseases, but it amounts to five per cent of all the diseases reported. Extreme cold as well as extreme heat would seem to have the same tendency; but while we must suppose that the former acts by producing internal congestions, the latter induces the disorder by the irritative effects of fermentative changes." Two hundred and fifty cases are reported at Waterbury, Conn., and the disease is thought to be due to the snow-water in the city reservoirs.

The Treatment of Dysentery.—Mr. F. Rawle, M. R. C. S., describes, in the British Medical Journal, his method, as follows: Having placed the patient between warm blankets, a pint and a half of warm water, at a temperature of 90° Fahr., is injected. This is seldom retained longer than a few minutes, but is pronounced very grateful by the patient. When the water has soothed the mucous membrane of the colon and rectum, and brought away any effete matter, two ounces of the following is administered: Quinine sulphate, ten grains; compound tincture of camphor, four drams; decoctum amyli two ounces. Mix, and, when milk-warm, inject. This is generally retained, but, if ejected, may be repeated in an hour or so. This is very grateful to the patient, the effect is like magic. If griping be felt over the region of the epigastrium, half-dram doses of chlorodyne, in some aromatic water should be given. The diet should be of the most soothing kind—jellies, isinglass, linseed, toast and barley water *ad libitum*. Ipecacuanha appears of little service, and Mr. Rawle has discarded it from his treatment. Warm turpentine stupes on warm flannels over the hypogastrium prove very beneficial.

Corrosive Sublimate.—This well-known and powerful drug, whose virtues as an antiseptic were first made known to the world by R. Koch, is now rapidly coming into use. Tarnier employs it freely in his maternity hospital. Every attendant on entering the labor ward must wash the hands and arms in a solution of corrosive sublimate (one in one thousand). The patient's genitals are bathed in a solution of the strength of one in two thousand; this is also the strength required for vaginal injectures. He appears to be well pleased with the results. Billroth has also been employing it as a surgical dressing in a case of suspected anthrax. A patient admitted into hospital had been in attendance on a sick ox, from the rectum of which he had removed masses of coagulated blood, passing the hand deeply into the cavity. Afterward pustules made their appearance on the dorsum of the hand. It was this condition of the hand, with the attendant history, that led Billroth to a trial of corrosive sublimate, apparently of the strength of one in five thousand. No fever had set in after several days' employment of the antiseptic.—*Medical Press.*

ARMY MEDICAL INTELLIGENCE.

Official List of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from February 17, 1883, to February 24, 1883: *Cleary, Peter J. A.*, Captain and Assistant Surgeon, granted leave of absence for four months on account of sickness, to take effect January 3, 1883, in extension of his authorized absence on certificates of disability. (Par. VI, S. O. 40, A. G. O., February 16, 1883.) *Heizmann, Chas. L.*, Captain and Assistant Surgeon, to be relieved from duty in the Department of the Columbia. (S. O. 12, Department of Columbia, February 8, 1883.) *Tesson, Louis S.*, Captain and Assistant Surgeon, to be relieved from duty at Fort Clark, Texas, and assigned to duty at Fort Ringgold, Texas, as Post Surgeon. (Par. V, S. O. 20, Department of Texas, February 21, 1883.)

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, MARCH 10, 1883.

Original.

THE PHYSICIAN IS A GOOD MAN, SKILLED IN HEALING.

The Doctorate Address in the Medical Department of the University of Louisville, 1883.

BY THEOPHILUS PARVIN, M.D., LL.D.

Professor of Obstetrics and Diseases of Women in the University.

Gentlemen of the Graduating Class: My colleagues in the Medical Department of the University have made it my duty to welcome you to the medical profession, and to give you in this final hour of our association such counsels as it is hoped may be somewhat helpful in the new life you enter. Right heartily I salute you Doctors of Medicine, congratulating you upon honors fairly won, and which we all trust will be worthily worn. You are indeed welcome to a profession that for so many years divided with law and divinity the title of learned, a profession that must always be both useful and honorable, demanding in the exercise of its duties quite as much as in any other of life's callings, a strong brain, a big heart, a clear eye, a resolute will, a gentle, but firm hand.

While the gladness of this laureate hour thrills your whole being, hearts beating in sympathy with yours, and Hope clothes the future with a light which never was on land or sea, who would not say, Rejoice! O young men, in your youth with its present powers and new honors, with its grand possibilities and glorious promises; only remembering that the future has perils as well which you must boldly meet, and responsibilities which you can not evade. The ship swings from her moorings in some great city, and with merry music starts upon the trackless waste of waters for a far-off land. Who knows if she will make her port? Lo! some swift tornado may be hurrying to meet her; she may be struck when in mid-ocean and in midnight by another ship, or the angry fire may wrap her in a sheet of flame ere she is swallowed up by the hungry waters; or she may reach her destination, after many a weary delay and many a fierce struggle with wind and wave, torn sails, rent cordage, broken masts, and strained timbers telling the story of the dangers she has met. Young gentlemen, it is not what you have done, not what you now are, but what you will do and what you will be, that, in older minds at least, is matter of greatest interest and deepest anxiety. Thick mists overhang the great future, and there is no prophet voice to tell what the coming years will unfold.

Very much of life is often spent in learning how to live, and many a time mortal steps grow weary retracing wrong ways before finding the right one. How many a man has given his strength and time to making a horrid Frankenstein, that pursues him upon the land and upon the sea, is with him at home and abroad until death would be welcome if it only brought forgiveness and release! Have not misdeeds and lost hours feet swifter than the coursers of the storm, and reproaching voices that cease not day or night?

What fitting speech can I utter in this hour of greeting and of parting, what helpful words can I say unto you whose perils are many and great, whose opportunities likewise are many and great, and therefore whose responsibilities are so grave? To speak such words is my great desire, and will be my earnest effort. In this regard let me adopt the conclusion of our great master, Thomas Sydenham: "For, having nicely weighed whether it is better to be beneficial to men, or to be praised by them, I find the first preponderates, and greatly conduces to the tranquility of mind. But as for fame and popular applause, they are lighter than a feather or a bubble, and more vain than the shadow of a dream."

A famous sculptor, looking upon a block of marble, exclaimed, "I see an angel imprisoned, and I will liberate it." Behold, after months of toil, the once shapeless marble has become an angel form! The cunning chisel, the steady hand, the steadfast eye, all guided by the clear conception, have made the lifeless stone reveal the ideal that dwelt in the artist's mind. Verily, there is an angel in every human breast to be liberated, clothed in perfect beauty and power, an ideal to be realized, a life meeting the noblest ends of living to be evolved. And the triumph, more or less complete, is assured to him whose ideal is noble and true, and who faithfully works through all the years for its attainment. Now, in order that you may make the most of your lives, have them the best for yourselves and for others, it is of first importance that you have a true conception of the physician, a noble ideal which you will day by day seek to realize in your lives. Let me take as that ideal the words used by one of our profession, Guy Patin, in one of those famous letters written nearly two centuries ago: "*Medicus est vir bonus, peritus medendi*," that is, the physician is a good man, skilled in healing. But the definition does not seem broad enough for the day, since there are good women skilled in healing. Colleges for the exclusive education of women in medicine have been established, while in several institutions co-education of the sexes is authorized. Though this important change has occupied only the usual life of a generation, some of the gentler sex have won just distinction as medical practitioners, and as medical writers and teachers. While I do not express approval of this movement, honestly doubting woman's fitness, as a rule, for the medical life, and while I believe the experiment can meet with only partial success, let all honor be given the faith and heroism of those women who have engaged in it and opened the way for its fair and free trial.

The effort for the medical education of women seems but the beginning of a great movement which seeks to reverse the laws, customs, and precedents of ages, and in some of its aspects to disregard the lessons of physiology and hitherto accepted teachings of theology. Every one must admit that the success of this movement promises good, but will not the attendant evil be greater? By all the loving reverence I bear unto woman as I have known her in the sacred relations of mother, sister, wife, daughter; by all the heroism of woman's patience in suffering, sorrow, and self-sacrifice I have witnessed; by all her tender, affectionate care in sickness; by all her helpful sympathies, strengthening men for the rude battle of life, comforting them in defeat, and inspiring new hope and braver effort; by all the precious, powerful influences the strong and dutiful mother exerts upon the child's mind—woman, man's first, best religious teacher, fashioning, molding the plastic character, making impressions that abide so that no tornado of fierce passion, no black wave of sin can utterly destroy them, but when the tornado and the wave have spent their fury, these reveal their saving power; by all the purity, the peace, the love, the sanctity of a well-ordered home, where woman wisely rules, let me ask why new duties must rest upon her. Can she ever grasp a nobler scepter? Will the fierce turmoil of political life, the sometimes angry contests of the forum, the solemn duties of the pulpit, the exposure to all inclemencies of the weather and fatigues of the night, the trying responsibilities and sudden emergencies of medical practice, enlarge her usefulness, give her greater power for good, and make her any happier? Nature made her man's companion and help-mate, not his competitor and rival, and centuries of social custom and of civil law have confirmed this act. Woe be the day! I verily believe, when this order of nature is overthrown. *Pro aris et focis* may yet be the fearfully significant rallying cry of the great mass of men and women, hitherto silent spectators of this aggressive movement—a movement which excites in many thoughtful minds anxious fears lest its final success be social disorder, and the weakening, if not disruption, of family bonds.

But, returning from this digression—a digression which seemed natural, if not necessary, in the present condition of the times, as the University of Louisville has no "prudes for proctors or dowagers for deans, and sweet girl graduates with golden hair"—the definition of a physician which has been given, a good man, skilled in healing, need not be enlarged for the purposes of the present discourse.

But what is a *vir bonus*, a good man? De Quincey has remarked that splendid is the most abused word in the English language; and it might with equal justice be said that good is oftener used, if not more abused, than any other adjective. The politician calls a ticket good which carries with it such weight of wealth to be unscrupulously

used, or of respectability, or so much of political management that the election is sure. A road is good, a field is good, music is good, fire is good, an act is good, a bonnet or a book, a pie or a poem, a sandwich or a sermon, a caricature or a character is good. Surely good can not mean essentially the same in all these applications.

Charles Kingsley has beautifully sung:

"Be good, fair maid, and let who will be clever;
Do noble things, not dream them all day long.
So making life, death, and the vast forever
One grand, sweet song."

When Walter Scott was dying he called his son-in-law, Lockhart, to him and said, "My dear, be a good man, be a good man; nothing else can comfort you when you lie here."

A favorite philosophy of the day, endeavoring to find a so-called scientific basis for the principles of right and wrong, teaches that acts are called good or bad according as they are well or ill adjusted to ends. This teaching would have us believe in a common meaning of the word good, whether applied to things animate or inanimate, whether applied to human beings, to animals, or to acts. Thus the road is good that leads the traveler soonest and best to his destination; the dog is good that hunts well or is watchful; sermons and sandwiches are good that are suitable for the purposes of sermons and sandwiches; the girl or man is good whose acts are well adjusted to ends. The utilitarian theory of morals ably upheld by Bentham and Mills comes before us, somewhat modified in form, with the indorsement of Herbert Spencer. This genesis of morality, this explanation of goodness can satisfy very few. Virtue must rest on higher ground than accomplished ends and pleasurable sensations.

Let us turn from this great light of English philosophy and see how much higher the conception which some of the wisest of ancient philosophers had of good men and of good. Cicero, in the Tusculan Disputations, says, *Quid dicam bonos, perspicuum est: omnibus virtutibus instructos et ornatos cum sapientes, tum viros bonos dicimus.* That is, good men are instructed and adorned with every virtue and are wise.

Socrates speaks to us through Plato: "You have often heard me say that the idea of the good is the object of sciences. If we know not this idea it will avail us nothing to know all the rest. As eyes which should be unable to turn from darkness to light without turning the whole body, so the organ of intelligence ought to turn with the entire soul from the sight of that which is generated to the contemplation of that which alone is, and of that which is most luminous in Being, and have we not called that the Good? It is even said that the Good is the cause of things known and of knowledge. And to render this ultimate *agathon* yet more definite it is exhibited with a fixed and individual personality. The object of the particular sciences is said to be to facilitate the contemplation of the idea of the Good, thus synonymous with reality itself; and this essential goodness is described as the happiest of all beings, and whom the soul ought evermore and in every way to contemplate."

Plato declares that "philosophy is only another name for religion; philosophy is the love of perfect wisdom; perfect wisdom and perfect goodness are identified; the perfect good is God himself; philosophy then is the love of God."

Coming to modern times, we hear the sage of Königsberg saying that the sublimest objects of contemplation are the starry firmament without, and the moral law within. We listen to Hutcheson, teaching moral philosophy at Glasgow, as he tells us of a *moral sense* as distinct as our sense of bitter and of sweet, soft and hard, light and darkness. The Bishop of Durham utters these weighty words: "Goodness is a fixed, steady, immovable principle of action." Lord Bacon never uttered wiser words than when he said of goodness, "This of all virtues and dignities of the mind is the greatest, being the character of the Deity, and without it man is a busy, mischievous, wretched thing, no better than a kind of vermine." An eminent writer of our own day tells us "The principles of morality are an essential part of our being, authoritative, final, and in no way dependent either upon individual experience or upon external circumstances. To deny this, were to overturn the foundation of all morality."

The very word goodness conveys the idea of God, and of our possessing a spiritual nature; goodness, etymologically considered, means nothing if there be no God.

These two truths, so generally held by men, are rejected by some of the advocates of evolution, while others believing that doctrine still maintain them. Among the latter class of evolutionists is to be placed a distinguished Eastern clergyman, who has been recently traveling in some of our Western States lecturing upon the subject; he not only upholds the teaching of Darwin,

but denies and derides much that he once proclaimed the truth. This brilliant but erratic man entered upon his ministerial career wearing a Calvinistic coat of the old Geneva pattern, but soon cast it aside for the ample folds and flowing robe of Arminius; subsequent changes in his theological vestments have been many if not great, and he now stands in life's evening unable to find any formulated creed in Protestantism, Catholicism, or Paganism, expressive of his religious belief, and so has been compelled to start an independent line, running from Brooklyn to the Celestial City. Mr. Beecher, though unknown among the class of scientific investigators, without reputation or the least authority in the scientific world, asserts from the platform the truth of Darwinism, a theory which can never be proved and which possibly the twentieth century may class among the delusions of the nineteenth. On the other hand, last year a distinguished member of our profession, Dr. Constantin James, for many years the assistant of the illustrious Magendie, after a long study of the subject impossible for Mr. Beecher, states not only that Darwinism is false, but that it is the negation of science, the negation of philosophy, and the negation of liberty. The assertions, therefore, of the Brooklyn divine are not to be accepted as the last words upon this vexed question. Doubtless some of you remember reading that it was the contemplation of a statue of an illustrious member of our profession which led Coleridge to this strong utterance as to the simian origin of the race: "Look at that head of Cline, by Chantrey. Is that forehead, that nose, those temples, and that chin akin to the monkey tribe? No, no! To a man of sensibility no argument could disprove the bestial theory so convincingly as a quiet contemplation of that fine bust."

But after all that may be said in favor of Darwinism, the theist will still hold that "without God, evolution, continuity of nature, conservation of energy, or whatever other phrases happen to have currency for the hour, are mere sound and smoke, and imaginations of science falsely so called."

In one of the chapters of Carlyle's biography of John Sterling, a description of Coleridge is given; the great poet and philosopher is spoken of as a sublime man, who alone in those dark days had saved his crown of spiritual manhood. Surely the crown of your spiritual manhood will be saved even in these dark days, when men are tracing our ancestry back through monkey and fish, and down into the slimy depths of the sea. The moral law within is a witness for a noble origin, no matter through what channels the stream of life may have since flowed, a witness too for a sublime destiny. Even pagans counted religion the highest development of this moral nature, and its absence the very climax of evil. Illustrative of the latter, listen to a part of Livy's description of the character of Hannibal; the passage is not less striking on account of its rhetorical construction than for the truth conveyed. The Roman historian, after speaking of Hannibal's virtues, adds:

"Excessive vices counterbalanced these high virtues of the hero; inhuman cruelty, more than Punic perfidy, no truth, no reverence for things sacred, no fear of the gods, no respect for oaths, no sense of religion."

The moral law within asserts a law-giver, a supreme power. He is good, and the best human goodness is that which makes a man's character like his.

But what can I say to those who do not accept these conclusions, but deny man's spiritual nature, and his future existence? The distinguished Professor John Gregory, of the University of Edinburgh, addressing medical students more than a century ago, remarked: "A physician who has the misfortune to disbelieve in a future state, will, if he has common good nature, conceal his sentiments from those under his charge, with as much care as he would preserve them from the infection of a mortal disease."

Again, listen to the words of our own loved and honored Dr. Holmes.

"O thou, if Reason waver at thy side,
Let humble Memory be thy gentle guide;
Go to thy birth-place, and if Faith was there,
Repeat thy father's creed, thy mother's prayer."

This is no time to abate one jot or tittle of moral law, and to build a system of ethics upon the shifting sands of utilitarianism, or find in mere pleasurable sensations government and guidance for our daily lives. Between the period of early childhood and attaining your majority, two presidents of the United States have been assassinated. Surely we dare not set aside the simple, solemn law of Sinai, Thou shalt not kill! Last week witnessed the end of the trial of a man in this State for an association of cruel crimes rarely paralleled in the history of the race. Read your morning paper, and see how much space is given to the wickedness of human beings as shown by discovered crime, and then add the vast sum that is hidden from the keen-eyed, quick-eared news-

man. Now when man's perdition can be cheapened on every railway train and at every street corner; when people crowd a public hall, and pay a brilliant orator to deny the Bible, and to cast the black veil of agnosticism over all hope of a future life, it is not safe either for society or for the individual to accept any low ethical standard.

I have spoken thus earnestly, not only because of the times in which we live, but because of the peculiar temptations to which you are exposed, and especially because of the tendency of medical study when restricted to the mere physical man. Cardinal Newman has wisely said, "A medical philosopher who has so simply fixed his intellect on his own science as to have forgotten the existence of any other will view man, who is the subject of his contemplations, as a being who has little more to do than to be born, to grow, to eat, to drink, to walk, to reproduce his kind, and to die. He sees him born as other animals are born; he sees life leave him with all those phenomena of annihilation which accompany the death of a brute. He compares his structure, his organs, his functions with those of other animals, and his own range of science leads to the discovery of no facts which are sufficient to convince him that there is any difference of kind between the human animal and the brute."

And now let me urge upon you the attainment of the highest moral excellence. The world's history presents many noble examples for your imitation, but only one in all respects perfect, and he was a healer of the sick.

A good man is, in the nature of things, virtuous. Indeed the word *virtus*, from which our word virtue comes, is derived from *vir*, a man, and means manliness, the very pith and essence of manhood, the sum of all the corporeal and mental excellences of a man.

The good man will do right, not because required by law or by custom, or because policy may dictate it, but because it is best. Goodness fills his heart, and from that heart are the issues of life. The moral beauty of his character is formed of justice and charity. He is truthful; he can not pretend to a knowledge he does not possess, nor make promises which he does not intend to perform and believes he can. He does not stoop to court patients, bribing them to employ him by insincere courtesies, by social, political, or religious influence. He will not strut on stilts or crawl up to position. He is content with his true stature, and reaches place by the movements of a man, not by those of a reptile. He is grateful, and never forgets the hand that fed, or stings the bosom that warmed him into life. Often he will see the unworthy for a time at least advancing before him in the professional race, but that will not turn him aside from a just life. False friends, fickle clients, and ungrateful patients may try his heart, but the trial should be that of the gold in the fire of the furnace. He can not use the arts of the quack and of the empiric, vile harpies who prey upon the credulity, the pockets, and the lives of the unfortunate. While striving more and more, as my years go on, to be charitable in my judgments of human conduct, and tolerant of opposing opinions, the support sometimes given by persons of education, especially by clergymen, to quackery, tries that charity most sorely, and strains that tolerance to the utmost. I find it hard to trust the religious statements of a minister if his name is appended to the recommendation of a patent medicine, or if I know he believes and upholds a false system of medicine, represented it may be by some brazen-faced adventurer who resorts to low arts and mean intrigue to get or to keep patients, one who, knowing his system is a fraud, uses a name* to delude people with and then treats them, if need be, by the usual remedies of rational medicine. So far as my observation goes, irregular systems of medicine, especially homeopathy, that essence of absurdities and most impudent of shams, find their most devoted supporters in immigrants from New England. Without such support the life of these systems would be like the Psalmist's grass: in the morning it groweth up and flourisheth, in the evening it is cut down and withereth. That any intelligent man or woman can trust homeopathy after the description Dr. Holmes has given of it, is both strange and passing strange: "A mingled mass of perverse ingenuity, of tinsel erudition, of imbecile credulity, and of artful misrepresentation, too often mingled in practice, if we may trust the authority of its founder, with heartless and shameless imposition."

However, if one system of imposture dies another takes its place as long as credulity

*Not less striking than the dishonesty of some homeopathic practitioners are the utter absurdity and essential nastiness of some homeopathic remedies. The American Homeopathic Pharmacopeia, Broericke & Tafel, New York, 1882, contains these delightful medicines, *anthracine, glanderine, gonorrhin, leucorrhin, syphilinum, buboinum.* Now let us imagine one of those dainty ladies who is afraid of the "strong medicines" she charges rational physicians with using, swallowing globules of *leucorrhin*, while her husband is possibly atoning for some of the sins of his youth by gulping teaspoonfuls of a solution of *syphilinum.*

on the one hand and unscrupulous avarice on the other remain on the earth. The good man witnesses the wrong, but can not bring all to the right.

The good physician recognizes the fact that his calling is a benevolent one. While he ought to seek and have a just reward for his services whenever the party is able to give it, yet he will often have the poor for his clients, and his only recompense will be their prayers and blessings, and above all, the consciousness of having done his duty, and in a coming day he may hear a voice saying, "Inasmuch as ye did it unto the least of these, ye did it unto me."

Need I add among the qualifications of the good physician, that he is a gentleman? Obedience to the golden rule lies at the foundation of the gentlemanly character. Family, wealth, or station can not make a gentleman; it is the outward manifestation of a pure heart, a kindly, sympathizing nature; or as the late Dr. John Brown, whose touching story of "Rab and His Friends" is forever a part of household literature, has said, "The word manners means literally nothing else, and ought never to mean anything else, than the expression, the embodiment, the pleasant flower, of an inward *mos* or moral state."

Awkwardness of manner may arise from neglect in early training, from the character of associations, or from natural timidity; but if a man be a gentleman in his heart, this awkwardness will be overcome, and at worst it can be better borne than the affectation of gentlemanly conduct, artificial manners, tricks of speech, and self-assumption. A gentleman is gentle in ways and words; he is careful of the sensibilities of others, knowing them from his own sensitive nature; always courteous, kind and sympathetic, his presence in the sick room is a benediction, while he inspires the sufferer with new strength and hope. Caliban should never be permitted to study medicine.

Passing now to the brief consideration of the second qualification of the doctor, this good man must be skilled in healing. Skill implies knowledge, and readiness in its application. The knowledge required is that of man, and of therapeutic agents. The study of man in his psychical nature belonged to the philosopher, while his physical nature has been assigned the doctor. Need I insist upon man's dual nature? The more one considers this question the plainer it is that the outcome of denying man a spiritual being is the denial of God, or, as that wise philosopher Henry More put it, "No soul in the microcosm, no God in the macrocosm."

Now the arbitrary division of man, one part given to philosophy, the other to medicine, is unwise; the physician should study man both in his psychical and physical being, and I trust the day is not distant when psychology will be placed side by side with anatomy and physiology in the medical course. Even if nothing more were accomplished by this new medical study than mental discipline, the gain would be great. To learn how to think, how to reason justly, is essential for the doctor. That admirable man and most accomplished physician, the late Dr. Churchill, once remarked to me, as the name of Coleridge was mentioned, "Coleridge taught me how to think. The study of his 'Aids to Reflection' has been of the greatest benefit to me."

It has been observed that errors in diagnosis, the recognition of disease, that which lies at the foundation of successful treatment, in probably the majority of cases, do not arise from the failure of observation, not in the coarser exercise of the senses, in getting at the physical facts, but in the finer motion of the intellect failing to use the facts aright in combination, comparison, and conclusion.

One of the great errors sometimes made is that of regarding the problems of medicine less complex than those of law or theology, or admitting a sort of instinctive solution without the slow process of reasoning, and therefore the doctor does not need a mind so well disciplined, so completely furnished with knowledge as the lawyer, or the clergyman needs. This error results from the fact so many enter their professional studies without suitable preliminary training, and so many are successfully engaged in the practice of medicine who have failed alike to equip themselves fully by either preliminary or by professional study. But the community in which they succeed is at fault; the doctor is in no small degree the reflex of the people among whom he lives, and by whose suffrages he succeeds. Let us enlarge the area of medical study, let the aspirant for professional honors study mind as well as body, and the public will learn to place a higher and juster estimate upon the qualifications of a physician. The fact that many diseases are characterized by disordered mental manifestations, and that other affections may be caused or cured through the mind, are further important arguments for

the study of philosophy. Schiller, who for a brief time was a doctor, has said, "It is a fact that joy can quicken the nervous system more effectually than all the cordials of the apothecary, and can do wonders in the cure of inveterate internal disorders denied to the action of rhubarb, and even mercury."

Sick from sorrow, or from fear, dying of a broken heart, cured by faith, conquering physical prostration by the will, are expressions of truths familiar to every physician. With the higher development of the race, forces acting upon the spiritual element of man will play a more important part in the etiology and therapeutics of disease, and the physician of the future may not be omniscient of drugs, the coarser weapons of his calling, but he will know how to evoke the omnipotence of the spirit, where need is, to govern matter.

Finally, the study of psychology will counteract the injurious results, so well set forth by Cardinal Newman, arising from the exclusive attention to man's physical nature.

The physician must not only know man, but also all means for the prevention and for the cure of disease. Skill in the application of remedies comes chiefly with careful observation and wise experience. On the one hand is the disease, and on the other the remedy; the physician is the mediator, bringing them in relation. He is liable to error on either side, mistake the malady or select the wrong remedy. Constant study and careful observation at the bedside increase knowledge and the readiness with which it is available in the treatment of disease, and thus the practitioner becomes, if he wisely uses his opportunities, more and more skillful.

How vast the range, how many the means for the cure or preventing disease offered the rational physician! Thank God, true medicine does not, like some of the petty sects which have wandered from it, build a castle in the air upon some floating half-truth or some silly delusion. It is not a mere sham, a creation of to-day; it is a living truth, strong with the growth of centuries, and growing still as the light of science grows. From Hippocrates down through the long line of famous successors, it challenges the world for greater, nobler, more philanthropic men. Need I mention such names as Harvey, Jenner, Sydenham, Boerhave, Pinel, Simpson, and a host of others.

> "Tongues of our dead not lost,
> But speaking from death's frost
> Like tongues of fire at Pentecost."

Have any or all of the petty sects, these mushrooms that grow up in the darkness from the damp soil of ignorance and superstition and then rot and give place to other stools for toads, accomplished for the race what Sydenham, or Harvey, or Jenner, or Pinel, or Simpson did? All the medical sects might perish, and they would hardly take with them into deserved and disgraceful oblivion the name of a single man who by the suffrages of the world would be called really great.

The rational physician will employ in the cure of disease all agents which experience, observation, reason, or physiological experiment has proved valuable. He draws his therapeutic means, some from earth's minerals, many from her abounding flora, rarely nowadays from her fauna; he makes air and water his ministers; he lays his hand upon the subtle forces of nature, light, heat, and electricity, and compels them to do his bidding. Nay, more, he evokes the secret forces of the soul, awakens faith, stimulates hope, strengthens a weak will, arouses a slumbering conscience, gives reason a higher power, sends the current of thought into new channels, and thus, as it were, re-creates the spiritual for its power over the material.

So far as the mere materia medica is concerned, the physician will wisely confine himself mainly to those remedies which are officinal. The enterprise, sometimes possibly the cupidity, of manufacturing druggists is so great that new preparations and new remedies are constantly being thrust upon the profession. Now confusion worse confounded enters into therapeutic results when so great a variety of agents is used by different practitioners. There can be no common analysis and comparison when cases are so differently treated, no ultimate truth established by this mass of individual experience.

Again: the multiplicity of medicines in prescriptions, or what is called poly-pharmacy, is to be avoided. You can count on your fingers, I had almost said of one hand, the remedies which you will find most frequently and uniformly useful. No medicine should be given unless a definite end is sought, and it is believed the remedy will accomplish it without detriment to the patient. Our medicines are not sugar-of-milk nothings, for amusement or for deception; but they are generally positive powers; and of few of them can it be said they will do no harm if they do no good. Finally, the old counsel, *tuto*, *cito*, *jucunde*, ought ever to

be in your minds in the selection of therapeutic means.

And now, my brothers in the medical profession, you go forth upon your high mission. Go, bearing answer to the *misereres* of the children of earth; to stand at the gates of life and of death; to relieve the pain-stricken; to heal disease; to soothe suffering; to make men, women, and children healthier, happier, stronger, better; to comfort the dying and to console the sorrowing. Let no familiarity with the afflictions of your fellow-beings make you cold and unsympathetic; let your heart be forever a fountain of charity, kindness, and love, and, like the heavenly Una, you will make sunshine in many a shady place. Do not hesitate, if need be, and if acting in all sincerity and truth, to point the eye growing dim in death to that Cross which is, for all who look, the symbol of salvation.

Increase your professional knowledge by daily study of the best books, and by reading some of the best medical journals, adding to your medical library as means permit, despite the oft-repeated disparagement of book-knowledge and the undue value given experience by some of those who, having had but a poor preliminary and professional education, spend the intervals of practice in trading horses and talking politics. Were I to select the two men most eminent in the medical profession, the one in surgery, the other in practice — the men held in the highest honor, nearest and dearest to American physicians — they are the men who all their lives have been and who still are most diligent students, Samuel D. Gross and Austin Flint, both of them, as you know, once professors in this school. Let the lives of these great men be founts of inspiration welling through all your being and lasting all your lives.

THE PHYSICIAN'S OUTFIT.

BY L. S. M'MURTRY, A.M., M.D.
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The motto which the medical practitioner should from the very beginning of his career keep before him is, "*Semper paratus.*" He should ever be ready at a moment's warning to meet the exigencies of an important case. The successful progress of a young physician often dates from the time when by prompt action in some emergency, with the necessary apparatus at hand, he demonstrated his worthy fitness for the practical duties of his profession. Certain appliances are absolutely necessary for the practice of medicine at the present day.

Among the equipments of the practitioner are the text-books which have been so well thumbed during the undergraduate period. These are to be preserved for constant reference and study, and when placed in the newly-tenanted office of the young practitioner may very appropriately typify the fact that he is to continue, in the years to come, a student of the fundamental branches of medicine as well as the intricate problems of ever-varying clinical experience. To these books should be added other well-known standard works. Monographs on particular subjects should gradually find their way into the collection. The most recent editions of the standard works should one by one be purchased. When a new book is added to the collection it should be carefully examined in its various parts, until the owner is familiar with its teachings, before it passes from the table to the shelf. The young graduate should begin at once to cultivate the periodical literature of his profession, and subscribe for at least two medical journals—a weekly and a monthly or quarterly. It is best to take one or two periodicals, and read them closely and regularly, rather than, by taking several, to form a habit of hasty and careless reading. If the habit is formed early of keeping abreast the progress of medical science, it will, by-and-by, become a habit conferring infinite pleasure and advantage. If books and journals are preserved with care, and the latter bound at the end of each volume, in a short time the young practitioner will find himself in possession of the nucleus of a library; and to collect a library should be one of his important aims. The young physician should never underrate "book-learning," but should keep on with systematic study and acquaint himself with advanced methods of thought. He will repeatedly hear from old practitioners, as well as the laity, that book-knowledge, so called, is nothing, and that "practical experience" determines the qualifications of the doctor. There can be no more egregious error than to esteem mere experience, which is often fallacious, above a knowledge of the well-established principles of medical science. The so-called experienced practitioner is usually a routinist, and will be discomfited by any unusual case, which the younger man of book-knowledge will study out and comprehend. None are so often deceived by theory as those unfamiliar with

theoretical knowledge. It is *experience joined to theory*, and knowledge acquired from various sources and verified at the bedside, which conduce to make the able and successful practitioner. The decrying of book-knowledge and the undue estimation of experience is usually a cover for ignorance and incompetency. Neither alone will make a thoroughgoing, able practitioner. The two must be conjoined, and theoretical knowledge must precede experience. The young practitioner should not be the least dismayed by hearing his knowledge decried. The physician of the times, the successful practitioner of the day, is he who knows the lessons of the clinical thermometer and the sphygmograph, the value of the aspirator and the drainage-tube, and who recognizes the scientific reasons for observing the utmost cleanliness and antisepsis in surgical and obstetrical cases.

The young practitioner's office should include a study and consultation room. In the city or in the country such an arrangement should be made, if possible. The study will for several years serve the additional purpose of a reception-room, and the consultation room will afford privacy for consultation, examination, and minor operations. The physician's rooms should present the neat appearance of a professional man's office, instead of the slovenly and unattractive condition which elicits from the public the term "shop." Such arrangement, tempts the physician to more constant occupancy, and conduces more to systematic study than will otherwise obtain. Systematic study and constant occupation are the surest protection from ennui and unprofitable associations.

After books and periodicals, the outfit of the young graduate relates to material appliances for practical work. These are instruments, material for dressings, certain apparatus, and more or less of remedial agents.

No young practitioner needs all the many instruments and diverse apparatus which are recommended to the attention of the medical profession. The country and village practitioner will require more at the outset of his career than his *confrère* in the city, since the latter can supply his wants as necessity requires. Both, however, are apt to invest in an array of instruments which is more imposing and elaborate than necessary. Of course every practitioner will need from the beginning a clinical thermometer, a hypodermic syringe, a pocket-case of minor operating instruments, apparatus for examining the urine, and a pocket-case of the most important medicines. To these may be added, for office work, a forehead mirror, a tongue-depresser, a set of ear specula, sponges, probangs, bandages, absorbent cotton, and adhesive plaster. A set of uterine instruments, including Sims's speculum, a bivalve speculum, uterine probe, and dressing forceps, and tenaculum should be provided. Every physician should keep at hand a lot of good catheters, including various sizes of the soft rubber catheters known as Nelaton's catheters. A set of urethral sounds may be added later when the purchase is justified by the demands of practice. Early in his career the practitioner should be provided with the obstetrical forceps, though such instrument is rarely needed in the first year of practice. Of the various patterns of this instrument offered the profession, we believe that known as Elliot's forceps will best meet the wants of the general practitioner. The obstetrical bag should hold, in addition to the forceps, a perforator and blunt hook, placental forceps, female catheter, Davidson's syringe, vials with glass stoppers for chloroform, ergot, and laudanum, and a box of vaseline. The principal reagents and remedies for topical application should always be in the office. The skill now displayed in the preparation of medicines in the United States will enable the practitioner to keep on hand, in elegant form, the really essential articles of the pharmacopeia. In surgical emergencies and the management of surgical cases a good supply of gypsum bandages should be always on hand. A few sheets of heavy binder's board should be ready for the demands of an accident. If the young practitioner has been properly instructed in the application of surgical dressings, he will know how to prepare these articles for his own use. As soon as practicable after getting "a start" in practice a good, compact electrical battery should be purchased, and, later on, a general operating case, with Esmarch's bandage and tourniquet. If the means of a young physician will at all permit it, we would urge him to purchase one of R. & J. Beck's economic microscopes, and, with the aid of one of the several excellent hand-books on microscopy, continue the studies begun in the laboratory of his alma mater. He should also, by practice, familiarize himself with the use of the laryngoscope and ophthalmoscope. In the selection of instruments and apparatus one should avoid cheap articles and novelties. In the selection of remedies and instruments, simplicity marks the practitioner of genuine ability.

The Louisville Medical News.

Vol. XV. SATURDAY, MARCH 10, 1883. No. 10.

LUNSFORD P. YANDELL, M.D., - - }
L. S. McMURTRY, A.M., M.D., - - - } Editors.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITORS OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

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TO OUR YOUNG FRIENDS.

The advent of spring, with its promise of renewed life to fields and pastures, trees and flowers, is not more surely marked by the return of migratory birds than by the appearance of several hundreds of recent graduates in medicine. While much good advice has been given them by their instructors, there is much left them for self-determination, and their position is at once both puzzling and responsible. In what community will the young doctor cast his lot? How is the young aspirant for practice to attain it? These are the questions which now agitate the breast of the gentlemen who at this season are inducted into the doctorate.

We believe it will be conceded by all fair-minded and well-informed observers of medical progress in America that at no previous period in our history has the work of the colleges been so thorough and the graduate so well prepared to discharge the duties of practical medical life as at the present time. Notwithstanding the croakings of would-be reformers, we believe the American graduate is better prepared for the exigencies of practice than in any other country, and that nowhere does the average student more diligently and laboriously devote himself to his studies. Never before has there been so much for the student to learn, and the growth of the country in population and knowledge, together with the increased rivalry in the ranks of the profession, have elevated the aims and added to the requirements of the young physician. So the recent graduate need not be dismayed by the demands and exactions to which he is subjected in entering the profession at this period in our country's history. If he has been faithful during the under-graduate years, he has been prepared by didactic, demonstrative, recitative, and clinical instruction to meet the issues of medical life, and to continue by the well-known methods of self-improvement to advance in knowledge and skill.

The first of the long series of responsibilities with which the physician is to contend presents itself in the selection of a location. Concerning this important point, we would say select some good community where thrift and prosperity abound. Above all, the decision of this question should be made thoughtfully, deliberately, and advisedly, but at the same time promptly and with the determination of persistence. One should not be influenced in the selection of a location by the presence or absence of other physicians, since it is upon individual merit after all that one's success depends.

In medicine truly every man is the architect of his own fortune, and it is best for the recent graduate to realize early that he must work out his own salvation for himself and by himself. Medical partnerships seldom prove beneficial to the younger partner, and one doctor should never ally himself with another except as an equal. Trusting to his own merits he must, after all, succeed or fail. That Eldorado which needs a doctor and has none, exists only as a fable. The place for the young physician is never found but is made, and is usually won amid sharp, often bitter competition. Good physicians however are welcome in every community.

Having determined upon a location, the next important question which absorbs the

attention of the young practitioner is the means of acquiring and retaining a practice. If there is one element in medical practice which is demonstrated beyond all question to lie at the foundation of all permanent success it is the possession of thorough competency in all that appertains to practical knowledge and skill in medicine. While it is eminently proper and advantageous to cultivate pleasant acquaintances and make friends throughout the community, this will not suffice to win and hold patronage. To have professional faith and confidence in a physician, the public must respect him for his professional attainments and skill rather than his social accomplishments. By making his profession first in every endeavor, the young physician builds his hopes of success on a solid foundation. In the varied departments of medical science there may be found "ample room and verge enough" for the most energetic mind, and by devotion to these pursuits success will come more promptly than by extrinsic exertions. The public trusts that physician who believes in his profession and believes in himself.

The habits which the young practitioner forms during the early years of his professional life will cling to him ever after. They should be formed with the thorough knowledge that for the future they are to be guides for good or for evil, for success or failure. There is even at this late day no royal road to success. The price invariably required is work and self-denial. Fortunately the work in time becomes the greatest of pleasures, and is a protection from ennui and discouragement. It was long ago beautifully observed by Barrow that "the spirits employed in thought are apt to flutter and fly away, so that it is hard to fix them, our mind being a restless thing, never abiding in a total cessation from thought or design, and, like a ship on the sea, if not steered to some good purpose by reason, making no useful way, but tossed by the waves of fancy or driven by the winds of temptation somewhither." It is by constant and persistent devotion to the objects of the physician's ambition that these fluttering spirits of thought are kept out of mischievous and ruinous channels. To obtain success in medicine one must seek it earnestly, and industry and diligence are the only sure means of obtaining it. It will be of value in this connection for the young physician to remember that all who have attained the highest ranks in the profession have encountered trials, struggles, and difficulties in the early years. Sir Benjamin Brodie observes, in one of his published works, "I well remember, in relation to myself, how often in the intervals of occupations I have contemplated, with something like dismay, the prospect which lay before me." It is pleasing to note with what invariable regularity and certainty the reward has come to those who labored on faithfully 'mid these difficulties. In these probationary years of professional life, by study and preparation for the active work which comes on apace, is laid the foundation of many triumphs in after life. It is during the first years of practice that the young physician should remedy the imperfection of early training, repair the deficiencies of professional study, acquire a modern language, and train his senses in the use of instruments of precision. When a patient comes, give to the consideration of his case the most painstaking care and study, even though it be comparatively of trivial importance.

The young practitioner should realize early that his relations with his confrères may be the source of inestimable pleasure and comfort or of incalculable pain and worry. By the very nature of medical practice, physicians are thrown in constant contact and rivalry. The only protection from heart-burning and controversy is to resolve early to be a gentleman, even under provocation, whether others are so or not. One of the saddest features of medical life is the fact that the worst thing said of a physician usually emanates from some other physician. The young practitioner need not expect to escape criticism and misrep-

resentation. Such is the lot of every physician of mark or promise, and in the end it injures only the author. Above all things, the physician should ever guard against allowing feelings of professional envy and hatred to instill their canker into his soul. The rewards of the profession are sometimes awarded by the public unjustly; but such is the exception, not the rule. The darker part of human nature should never persuade one to attempt to overreach a rival either by inuendo or by an attempt to lame his character. Such conduct in the end fails of the purpose, and is fatal to the self-respect of its author. The cultivation of a high professional character is the most certain path to success and happiness. Nowhere will the young practitioner find such a faithful guide in all professional conduct as in the honored Code of Ethics of the American Medical Association.

In conclusion we commend to the thoughtful consideration of those just entering upon the practical duties of medical life the recent utterances of Mr. Jonathan Hutchinson, of London, who, by joining high talents and unflagging industry to the sentiments expressed, has attained the highest distinction in the profession: "The secret of all noble life lies in belief, and the characteristic of all noble minds in the vigor with which they believe that which is true. Try to attain belief in the reality of all things; so shall you never want for motives; so shall you be able to live and work without hurry and without sloth. Finally, permit me to commend you this formula: Prize strength, love the beautiful, practice self-denial, and be patient."

Do not vainly flatter yourselves, as is too often done by the younger members of our profession, that in the chances of our calling fortune may, while you repose in drowsy sloth and idleness, search you out in order to lay her gifts at your feet. To obtain these gifts you must arise and actively pursue her. —*Sir James Y. Simpson.*

Miscellany.

THE ARMY MEDICAL SERVICE.—In almost all the prominent medical colleges of the United States there are to be found every year certain students preparing for the public governmental service. Of the several departments of this service, that of the army is probably the most popular. The career offered to the young medical man entering the army has along with its hardships two very great attractions, permanency and diversity. The medical corps of the army contains men of the highest order of scientific, literary, and professional attainments. American medical literature has been enriched by the labors of Otis, Billings, and Woodward, and other members of the department have made valuable additions to medical science and practice. The area of our country is so great, and the territorial borders so wide, that the posts of duty extend from the Atlantic to the Pacific, and from Canada to the Gulf of Mexico. Thus the medical officer has facilities for familiarizing himself with the climate and topography of every portion of our vast country and gaining invaluable knowledge and experience. His associations are usually pleasant, for the medical officers are held in high esteem by the line officers. The War Department is liberal in its provision of books, journals, instruments, microscopes, and other means of scientific study.

The medical corps of the army is composed of a Surgeon-General, an Assistant Surgeon-General, a Chief Medical Purveyor, sixty-four Surgeons, and one hundred and twenty-five Assistant Surgeons. The Surgeon-General has the rank of a brigadier-general, the Assistant Surgeon-General that of a colonel, four surgeons rank as colonel, ten as lieutenant-colonel, and fifty as major. These grades are maintained according to seniority in the service. On being appointed, the medical officer becomes an assistant surgeon, with the rank and emolument of a first lieutenant of cavalry, which is $1,500 per annum. After three years he becomes a captain, with pay of $2,000 per annum. He holds this rank until a vacancy occurs to promote him to the rank of major, that is, to a full surgeoncy, when he receives $2,400 annually. When by seniority the surgeon becomes a lieutenant-colonel and colonel, his pay correspondingly advances to $3,000 and $3,500 respectively. An addition of ten per cent is made to the pay

every five years, and in addition to these rates of compensation he is furnished with quarters according to his rank, and forage for his horses when in use. The Surgeon-General and Assistant Surgeon-General are selected from the whole corps.

While this compensation is not very attractive when compared with the incomes of practitioners of average success, and such as is acquired by men of the order of talent required for admission to the army, yet it is permanent and is not reduced by illness or discontinued by leave of absence.

For admission to the army, an applicant must apply to the Secretary of War for an invitation to appear before an Army Medical Board for examination. The application must appear in the handwriting of the applicant, must state date and place of his birth and place of which he is a permanent resident, and must be accompanied by certificates based upon personal acquaintance from at least two persons of repute as to citizenship, character, and moral habits. Testimonials as to professional standing from the professors of the medical college at which he graduated should also accompany the application if they can be obtained. The candidate must be between twenty-one and twenty-eight years of age (without any exceptions), and a graduate of a regular medical college, evidence of which (his diploma) must be submitted to the board.

Political influence is of no value whatever in securing admission to this department of the public service.

The Board of Examiners is not over-exacting, but the examination is rigid. It is authoritatively stated that during the sitting of the board which was in session in New York from November 7, 1877, until June 30, 1882, two hundred and fifty-eight candidates were invited to appear. Of this number forty-two failed to appear, one hundred and twenty-six withdrew after a partial examination, fifty-one were rejected, and thirty-nine were appointed.

In addition to a thorough knowledge of the profession, a liberal education is required. When competing candidates are equal in medical attainments, preference is given to the one possessing the largest share of general scientific and literary acquirements. The examination is both written and demonstrative. Some knowledge of the sciences collateral to medicine is essential.

The physical examination of candidates is rigid. In addition, each candidate is required to certify "that he labors under no mental or physical infirmity nor disability of any kind which can in any way interfere with the most efficient discharge of his duties in any climate."

An Army Medical Board is now in session in New York City, and from the last report of the Surgeon-General we learn that there are six vacancies in the grade of assistant surgeon.

With the advantages and attractions of the Army Medical Service, as we have presented them, it is our duty to connect the facts relative to the hardships of this service. The graduate who enters the medical corps soon realizes that he must, for the most part, forego the comforts and delights of a permanent home and of domestic life. He has no control whatever over the time of his going and coming, or the place of temporary residence. He never becomes an integral part of any particular community, and is moved from one place to another according to the customs of military life expressed through the department at Washington. The greatest danger to his habits and mode of work comes from the ennui and monotony of garrison life. The army nevertheless presents powerful attractions to many young graduates, and the life has a fascination both winning and strong. The medical corps of the United States Army is composed of gentlemen of great refinement, scholarship, and professional ability.

The Navy Medical Service.—The mode of admission to the medical service of the navy is very similar to that of the army. The candidate secures an invitation to appear before an examining board, and submits to a rigid physical and professional examination. The examination is written, oral, and demonstrative. Much importance is attached to literary and scientific attainments. Political influence here, as in the examination for the army medical corps, is of no value whatever. From recent publications we extract the following statements as to the examination and compensation of medical officers of the United States Navy:

The candidate is presumed to have received a proper liberal education. A biographical sketch, an essay on some assigned subject, and written answers to a series of comprehensive questions in all the branches of medicine are intended as evidences of such proficiency; the orthography, grammatical construction, form, and manner of expression being as carefully scrutinized as

accuracy of statement. An oral examination follows by the several members of the board in every branch of medicine, and on such collateral studies as the candidate may have pursued, with the object not merely of ascertaining the amount of detailed information he may have learned by rote, but rather his intelligent comprehension of the fundamental facts and principles which constitute the science of medicine. Finally extemporaneous chemical and pharmaceutic manipulations, the clinical diagnosis and treatment of actual patients in hospital, the adjustment of surgical appliances and apparatus, and the performance of operations upon the cadaver exhibit his cognizance of the practical requirements of the healing art, and his ability to assume its responsibilities under the emergencies of a career which sometimes place the issue of life or death on his unaided knowledge and skill.

On entering the service the Assistant Surgeon is paid at the rate of $1,700 a year when at sea, $1,400 when on shore duty, and $1,000 when on leave or waiting orders. After three years' service, two of which must be spent at sea (or, as now ruled, in a receiving-ship), the Assistant Surgeon is entitled to examination for promotion, and, if successful, becomes a Passed Assistant Surgeon, with the relative rank of master or lieutenant, and is paid $2,000, $1,800, or $1,500, according as he is at sea, on shore duty, or on leave. After five years his pay is increased to $2,200, $2,000, and $1,700. Since 1846 it had been the law that the second examination, like the first, should be competitive, the officer taking new rank accordingly. By the law of 1877, however, this rule was changed, and the place gained on the register at the first examination remains unchanged. Subsequent promotions are by seniority only, and the examinations are, by usage, less rigid than the first two, the officer's record becoming an important element in the decision.

Surgeons have the relative rank of lieutenant or master, and are paid: the first five years, $2,800, $2,400, $2,000; the second five years, $3,200, $2,800, $2,400; the third five years, $3,500, $3,200, $2,600; the fourth five years, $3,700, $3,600, $2,800; after twenty years, $4,200, $4,000, $3,000. Medical inspectors have the relative rank of commander, and medical directors that of captain, which is the highest grade attainable by a staff officer, excepting the chief of the bureau, who while so acting holds the relative rank of commodore. Directors and inspectors *while at sea* are paid $4,400 a year. Under other circumstances the rank gives no advantage in the way of pay.

THE MARINE-HOSPITAL SERVICE.—This service belongs to the Treasury Department, and originally had for its work the care of the sick and injured sailors of the merchant marine service. Hospitals were provided for the service throughout the country. Quite recently the marine-hospital service has by an act of Congress been intrusted with important sanitary duties in connection with epidemics. This has very greatly added to the scope of work in this department of the public service. The clinical work accomplished by the officers of this service may be judged by the fact that thirty-six thousand one hundred and eighty-four patients were treated during the year ending June 30, 1882.

There are no vacancies in this service at the present time, and hence the time and place of meeting of the Board of Examiners can not be stated. The board usually holds its sessions in Washington.

The Supervising Surgeon-General has published the following extract from the regulations of the service for the information of candidates:

24. Original appointments of medical officers in the United States Marine-Hospital Service will be made to the grade of Assistant Surgeon only.

25. Medical officers in the marine-hospital service will in no case be appointed to any particular station, but to the general service, being subject to change of station as the exigencies of the service may require, and shall serve in any part of the United States wherever assigned to duty by the Secretary of the Treasury.

26. No person will be appointed an Assistant Surgeon whose age is less than twenty-one or more than thirty years, and, as a preliminary to a recommendation for appointment, the applicant must have graduated in medicine at some respectable medical college, and must pass a satisfactory physical and professional examination before a board of surgeons of the marine-hospital service, which will be convened from time to time, for that purpose, by the Secretary of the Treasury.

27. The passing of an examination must not be considered as giving assurance of appointment, as the department will select those of the highest attainments in case there should be more candidates than vacancies.

28. No qualified candidate will be eligible for appointment more than one year. If not appointed in that time he may, if he desires, be re-examined, when, if successful, he will take position with the class last examined.

29. An applicant failing at one examination may be allowed a second examination, after one year, but not a third.

30. Assistant Surgeons, after three years' serv-

ice, at least one year of which shall have been at the United States Marine Hospital, shall be entitled to an examination for promotion to the grade of Passed Assistant Surgeon. The application for this examination must be accompanied with testimonials of correct deportment and habits of industry from the Surgeons with whom they have served, and the applicant must be familiar with these regulations.

31. A vacancy in the grade Surgeon will be filled by promotion from among the Passed Assistant Surgeons.

We quote as follows from the annual report of the Supervising Surgeon-General for the year 1880:

There is probably no branch of the public service to which the rules laid down by the Civil-Service Regulations of 1872 can be more easily applied. The experience of this office has not only demonstrated their practicability, but has proved entirely satisfactory. The following table shows the number of candidates examined for the past five years:

YEAR.	No. of candidates.	No. of branches in which examined.	Passed.	Rejected.	Percentage of rejections to whole number examined.	No. invited to appear for examination.
1875, . . .	11	10	8	3	$27\frac{3}{11}$	...
1876, . . .	13	10	8	5	$38\frac{6}{13}$	...
1877, . . .	18	10	6	12	$66\frac{2}{3}$	38
1878, . . .	11	10	3	8	$72\frac{8}{11}$	35
1879, . . .	29	10	6	23	$79\frac{9}{29}$	52
1880, . . .	23	10	4	19	$82\frac{14}{23}$	43

Selections.

POST-GRADUATE STUDY IN EUROPE.—In order to get as much out of a trip to the old country as possible, it is necessary that we should know the language of the people among whom we expect to reside. And since Germany is by far the best place to study medicine in, we must either be already acquainted with the German language or we must acquire a certain familiarity with it as soon as possible, and in order to acquire this there are many things to be observed. It is desirable to take lessons in German, but be particular to select a teacher who does not speak English, *and on all occasions speak German, whether you make mistakes or not.* It is really remarkable the facility with which the inhabitants learn to understand a foreigner when he tries to tell them something in their own language, even if he does not use a single word correctly. The theater is also a fine place to get the ear accustomed to the sounds of the words, and especially since on the stage they speak the best German and pronounce it most distinctly.

If one has some time to spend abroad, by all means he should go to some *small university town* like Heidelberg or Würzburg, Jena or Giessen, and start with *histology* and *pathology*, since in these places there are not so many novel things to distract, and also the professors and their assistants will devote more time to a single person. They are all more or less fond of Americans, especially if they find them to be diligent. As soon as they see that you wish to learn, they will go to any length to teach you. I remember that when in Heidelberg I had looked but a few times through a microscope, and could hardly tell an air-bubble from a red blood-corpuscle. Prof. Arnold, the pathologist, was quite amused at first, but would sometimes sit for two hours by my side and pour pathology into me as if with a spoon.

Spend the whole morning in the laboratory of pathology, for there you can also learn histology; after dinner, in the laboratory for physiology, and you will certainly be surprised at the amount of science you will absorb and the rapidity with which you will learn the language.

I had a friend who went to Jena and avoided all Americans for one year, then came to Heidelberg and passed his examination, obtaining the first grade in his Ph.D. in one year and a half. This I remark only to show how the language can be learned by avoiding all English-speaking people, throwing off false modesty, and speaking German continually, whether you make mistakes or not, as before observed.

It would be well after the first semester (term) to attend the lectures and some of the clinics, but never miss a post-mortem when it can be helped, for they make them in a different way from what we do generally.

After a year and a half or two years, you may go to a larger town, and the selection will depend upon the special branch which you are desirous of paying attention to. Vienna is the best for obstetrics, diseases of women and children, and skin diseases, and also possibly for ophthalmology and otology, but for the latter branches Heidelberg is very fine. Moos, for the ear, is the very best man, since he does not have many students, and will devote the whole time to one man if necessary. Becker has the finest eye clinic in Europe, and is also very kind to students.

For surgery, Berlin, Vienna, or Munich is the best, but the last not so good as the others.

For pathology, no one is so renowned as Virchow in Berlin, but for this branch all of the universities are good. For microscopical pathology, the same may be said about the universities, but the preference might be given to Würzburg, Heidelberg, and Strasburg.

It is far more difficult to advise any one who only intends to spend six months or one year in Europe, but nevertheless, as a general rule, what has been said about a longer period may be applied here also, with the exception that it will be almost impossible, in so short a time, to acquire enough of the language to understand a lecture or appreciate the fine points that any teacher may make. In this case I would spend at least half of the time, say six months (if one year is at disposal), in the laboratories of *pathology* above all, and then in those of physiology.

About these there can also be said a good deal which may be useful. For instance, if a person understands the language he has a great advantage, but if he does not, then I think that he should select some place where he can use English, as in Heidelberg.

Professor J. Arnold, who directs the laboratory of pathology, speaks English quite well, and is perfectly willing to speak it. His assistant, also, Professor Thoma, speaks English very fluently, and is fond of speaking it. So here is a rare chance.

Also in the laboratory of physiology is Professor Kühne, who speaks English, French, and German almost with the same fluency. Again, his assistant, Professor Ewald, has as good a command of our language as we ever find in a foreigner. Therefore, when there is only a year, Heidelberg is certainly the place in which to spend six months of it. There is another point to be considered, viz., if it be possible, let this be in the spring and summer, for during those seasons it is one of the most beautiful places on earth, but the winter makes it very disagreeable.

After a time has been spent with the microscope in a smaller town, of course it is then advisable to go to the largest clinics to be had, where as much as possible can be seen. For this Berlin and Vienna are the places, but the latter has the preference over the former for many reasons. Then, also, it will be winter, and that part of Europe is then much pleasanter than the latitude of Berlin. If you intend to spend the winter in Vienna, you may go directly from Heidelberg to Switzerland for the midsummer, when the universities are closed, and be near your winter home without loss of time or money.

If any one is already more familiar with French than he is with German, and desires to acquaint himself with the French school of medicine rather than the German, he may go to France. In this case it would also be best to spend the first part of his time in one of the smaller towns. France, however, is not like Germany in having such a multitude of smaller places of learning; but as for the larger cities, we all know there is but one—Paris. In that city the hospital advantages are of the finest, and much time could be advantageously spent there. I am, however, inclined to think that the teaching in France is not quite so systematic and thorough as it is in Germany, since they are more apt to indulge in "glittering generalities" than to confine themselves to pure and absolute science. However, as a happy mean, where we find all the plodding perseverance of German system and the fascinations of the French character, we may select Strasburg. There we find both a French and a German population, and may learn both the languages at the same time; but neither Strasburg German nor Strasburg French is of the purest.

A word about Great Britain. As to hospital advantages, there is no city in the world where they are greater than in London, but the same objections hold good for the teaching in England that we have found in the case of France. Pathology, however, can be studied to the greatest advantage in Edinburgh, whereas for physiology no place can be better than the laboratory of Prof. Foster in Cambridge. The English surgeons are very brilliant, as we all know, and we may devote much time, if we wish, in England to the branches of surgery and physiology and also much to pathology in Scotland.

The particular advantages of the larger cities we may say are: *Vienna*, obstetrics, diseases of women and children, surgery, skin-diseases, ophthalmology, otology, and hospital practice; *Berlin*, pathology, surgery, chemistry, physiology, ophthalmology, and hospital practice; *Paris*, surgery, physiology, ophthalmology, and hospital practice; *London*, surgery and hospital practice; *Cambridge*, physiology; and *Edinburgh*, surgery and pathology.—*Dr. W. C. Ayres, of Cincinnati, in New York Medical Journal.*

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, MARCH 17, 1883.

Original.

A CASE OF EXTIRPATION OF THE GALL-BLADDER FOR CHOLELITHIASIS.

BY S. BRANDEIS, M.D.*

The gall-bladder is, according to the unanimous opinion of modern authorities like Frerich, Schœffel, and others, the focus proper for the development of gall-stones, and only proportionately rare is their growth in the biliary ducts. At present we will have to deal only with such gall-stones as occur in the gall-bladder. Meanwhile, it may be mentioned that, according to the most acurate investigations, it is hardly possible for stones having a diameter of one centimeter to pass the common gall-duct, and that such concretions pass from the gall-bladder in virtue of ulceration much more frequently than through the proper duct; and by the former process they drop either into the intestinal canal, where they are apt to produce more serious and mortal disturbances, or into the stomach, the urinary passages, portal vein, and sometimes by ulceration from the abdominal walls escape from the body—not quite so rarely they drop into the abdominal cavity, and then with inevitably fatal result.

It would be well for us, in presence of these well-known facts, to bear in mind the insidious and changeful character of cholelithiasis and be indefatigable in perfecting means for the prevention and removal of this threatening evil. Happily most of the cases recover spontaneously; besides we control a list of valuable remedies, the efficiency of which is, however, confessedly limited. Admitting the correctness of the idea held by Schœffel, that the therapeutic means looking toward a resolution of gall-stones are illusory in their supposed virtue, we may nevertheless facilitate the escape by properly directed diet, prevent the formation of gall-stones, and yet there are cases in which it is impossible to bring about desirable results by any means ordinarily practiced. Of the latter class of cases a greater or less number will be found amidst the clientelle of most practitioners, and upon the above-named conditions obtain, the suffering of the patient is essentially insidious; and the question constantly repeats itself, whether they should be left to their fate, or whether by attacking the point of the disease, namely, the gall-bladder itself, we may hope for an abolition of the trouble. This naturally resolves itself into a surgical question.

The surgery of the gall-bladder is still in its infancy, but it exists, and the names of Petit, Thudichum, M. Sims, Kocher, G. Brown, Lawson Tait, König, and others, are in a glorious manner connected with it. True, it has up to this time only looked to a removal of those conditions growing out of calculous formations, and consisted only in dilatation of fistulas, extraction of stones, and the operations for the removal of dropsy and empyema of the gall-bladder. In fact, only such conditions become the object of interference as may occur in almost any part of the body, and are purely surgical. However, only the product of the disease and not the disease itself was removed. The pregnant question respecting the removal of the latter by mechanical therapeutic means presents itself in connection with this.

It was the following case which gave rise to the meditations just expressed:

M. H., a purveyor of the Lazarus Hospital at Berlin, was a sufferer for several years. In spite of the most careful dietetical and medical treatment and a repeated sojourn at Carlsbad, his illness passed from bad to worse. When he, in 1874, entered upon his duty as steward at the hospital, his condition was already right bad. All imaginable remedies and advices have already been

* A Translation, from C. Langenbeck, M.D., of Berlin.

followed and exhausted without benefit. Nothing but morphine gave him any relief or rest as to enable him to perform his duty. Gradually the aspect of the disease changed. The discharge of the concretions became less and rare; the attack of colic-pains lost their paroxysmal character and became long and protracted, varying only in intensity. Icterus, a continual fever, associated with morphinism, a failing of physical and mental forces became more and more distinct. Finally, his decline became more rapid, and a septic lymphangitis of the upper and lower right extremities terminated the case.

Post-mortem autopsy was not granted, but it is reasonably presumed that the fatal inflammatory process was in a metastatic connection with an ulcerated process in the abdomen, caused by the gall-stones.

This and similar cases in my recollection started in my mind the question, whether or not a radical cure of that evil could be reached by a removal of the gall-bladder, and whether such a proceeding would be physiologically justifiable and surgically practicable.

The first point was easily answered. We all know that the existence of the gall-bladder is not general in the animal kingdom. We know that the entire *genus equus* and likewise *elephas* are not provided with that seemingly important organ, and thrive without it. We further know that a congenital absence and a defect as the result of inflammatory shrinking was repeatedly reported by Rokitansky, and, as a rule, it existed without disturbance of health or shortening of life. In such cases the bile is directly discharged into the intestinal canal, which gradually accommodates itself to the same, or the biliary duct by gradual distension makes arrangement for a new reservoir. Objections from a physiological stand-point being removed, the technic of the operation was now taken into consideration. The solution of this question was arrived at by a number of experiments on the cadaver, and the result is that of all surgical *operations on the abdomen requiring laparotomy, the removal of the gall-bladder, after previous and careful ligation of the cystic duct*, is the least important surgical interference.

An incision along the lower edge of the liver, meeting another on the inner edge of the right rectus muscle in a T shape, each from four to six inches long, will open the abdominal cavity in proper manner. Now the colon and the protruding jejunum is pushed down with warm flat sponge; if now the liver is slightly removed upward, the ligamentum hepatico duodenale is becoming stretched in such a manner that it will come in view, and that part of it which forms the anterior edge of the foramen Winslowii can be grasped by the operator with his left hand. In this duplication of the peritoneum are contained the biliary ducts and the portal vessels. In order to isolate now the ductus cysticus, which is situated at the outer edge of that ligament, it is best to now divide some of the peritoneal bands and so expose the gall-bladder to view, which is tapering downward and finally ends in the cystic duct; around this a stout silk ligature is placed and firmly tightened. As it is essential that a firm and permanent occlusion should be secured, catgut is consequently excluded. The detachment of the cyst is now accomplished by carefully dividing the peritoneal covering in the circumference with knife and scissors combined with gentle pulling. Now follows the dividing of the duct external to the ligature. If the gall-bladder is lightly filled, it may be emptied by aspiration before its detachment in order to prevent a contamination with bile of the operation field from accidental puncturing of the sac. Wounding of the liver has to be carefully avoided, though large vessels requiring ligation are not apt to be met with. Closing of the abdominal incision is the last act of this operation, at which no more than the right flexure of the colon needs to be exposed.

The justification and practicability of this operation as a theoretical result of my studies was now established; soon after the opportunity presented itself for the practical execution of the same. In the latter part of June, 1882, Dr. N. Meyer, of Berlin, had the kindness to introduce to me M. D. for consultation. Patient is forty-three years of age, a city official in Berlin, who suffers from biliary calculus. Up to 1876 he enjoyed good health. In that year he was suddenly taken with vomiting and severe colic-pain which generally lasted for twenty-four hours; such spells he had in the beginning only one or two in a year, but in 1879 an intense icterus made its appearance, which lasted for two months. From now on the spells came more frequent and stronger; in every instance they were followed by dark coloring of the integuments, or at least of the albuginia oculi, and disability for duty. Once, it is stated, an elastic tumor was discovered in the locality generally oc-

cupied by the gall-bladder; some of the concretions which were discharged were pea-shaped in form and of dark brownish color. Upon advice of Prof. Frerich, patient visited Carlsbad in three successive seasons, after which the trouble was rather aggravated. The first season his weight was one hundred and forty-five pounds; one year ago it was one hundred and thirty pounds, and is now ninety-eight pounds. Evidently emaciation is progressive; the integuments are relaxed and icteric, and so is the conjunctiva; there is great tendency to profuse perspiration; tongue is clean, abdomen soft. In the hepatic region on percussion flatness within normal limits, the gall-bladder not distended, urine contains no biliary elements nor any other abnormal admixture, the stomach very irritable, digestion rather torpid, appetite very poor, some nausea, bowels obstinately constipated.

The painful spells appeared every day and with such intensity that fainting occurred. Since the last nine months patient is combating those spells with increasing doses of morphia. His mind is very depressed. He asserts that his suffering is growing worse. His strength is rapidly failing. Without morphia he could no longer exist. He looks forward to a sad future, and is determined to resign his office. The condition of the patient was really deplorable. The increasing debility, the decidedly defective alimentation, the growing demand for morphia, all that proved decidedly that he was running down an inclined plane on which an arrest was impossible.

The diagnosis being certain, and the prognosis bad, I considered it my duty to call the patient's attention to the only possible chance—an extirpation—and after due discussion of the *pro* and *con*, left him to arrive at his own conclusion. Some time was spent, during which he sought advice in other quarters. On the 10th of July he reported himself at the St. Lazarus Hospital, and asked to be operated upon. For a few days I caused him to lie in bed, and administered a purgative as preparatory to an operation. During this time he had two severe spells, in which the pains evidently started from the region of the gall-bladder, and extended over the abdomen.

On the 15th of July the operation was performed. Antisepsis was, owing to the novelty of the case, instituted in the most painstaking manner. Besides my regular assistants and the necessary attendance, Prof. A. Martin and T. Bush were present. The operation proceeded in the manner just related. The gall-bladder was not inflamed, but somewhat thickened in its walls; it was moderately distended; its contents removed by aspiration with a Prava syringe. Two small cholesterin calculi were retained. It is presumed that the thorough purging aided in removing a great portion of the same. While detaching the bladder from the liver some venous hemorrhage occurred. The vessels were transfixed with catgut.

Patient had no pain after the operation, and passed a comfortable night. On the morning of the 16th we met him with a cigar in his mouth. Toward midday he experienced a distinct desire for nutriment. A minimum of light food was allowed. No pain all day. Temperature and pulse normal. On the 17th again hunger; liquid food; pulse and temperature normal. On the 18th perfect euphoria; no pain, but complaint of hunger. The very genteel and decent patient is determined to have something to eat. Some soft meat, gravy, and potatoes are given. Temperature and pulse normal. On the 19th patient complains of some pain between and below the scapulæ, pungent at respiration. At 4 P.M. temperature 100.3°, pulse 110. Examination was dispensed with on account of the wound in the abdomen. A pleurodynia suspected. A clysma and some laxative tea ordered.

July 20th, one action; euphoria; pulse and temperature normal. July 21st, sutures from wound removed; union of wound perfect; in the evening one liquid discharge from bowels. Recovery proceeds undisturbed. July 27th, patient leaves the bed. The old pain, up to this (November 15th), never returned. For some time some irritability of the stomach persisted. Even that disappeared. Morphine was never demanded since. His weight increased by fifteen pounds, and in one week more three pounds.

The case just narrated was certainly one of intense disposition to the formation of biliary concretions. It is true that the same never reached a size which would prevent their passing through the duct, but the patient, even by their spontaneous removal, was exposed to lasting severe pain.

The question as to the justification and practicability of cholecystectomy stands now as solved, and by this successful case clinically sanctioned.

It is my opinion that this operation is only admissible in extreme cases, when patient and physician have arrived at ultimate

resort; and it must only be executed by a skilled hand and under strict antiseptic measures.

It being admitted that cholecystectomy may be considered as the least dangerous of all operations performed on the abdomen, we will agree in saying that it must be far preferable to relinquishing the patient to the unavoidable fate of morphinism or the other insidious terminations of the disease. Furthermore, if we take a review of the older methods for the removal of the various diseases of the gall-bladder, like dropsy, empyema, and calculi, which consisted in opening the cyst and attaching the edges to the integuments, it will become most conclusive that these older proceedings are pregnant with much more danger by the fact that secretions like bile, blood, and air are apt to find their way into the cavity; and, after all, they rarely ever heal without leaving a fistula. And finally, we must not lose sight of the fact that the real source of the disease, the mucous membrane, is not removed by the old mode of treatment, and the liability to relapses still exists.

I believe I am justified in claiming that this operation, as suggested and executed in insidious cases of cholelithiasis, extirpation of the gall-bladder with previous ligation of the cystic duct, may be accepted as the least dangerous method for that and similar morbid processes of this organ.

LOUISVILLE, KY.

Miscellany.

KENTUCKY STATE BOARD OF HEALTH.—The Sanitary Engineer, noticing the annual report of this organization, says:

We had heard nothing from or of the State Board of Health of Kentucky for a year or more, until this report came to hand; hence we opened it with no little curiosity and laid it down with a corresponding disappointment. Whatever the board may have been doing, there is no record in this report of any thing that it has accomplished or that it desires to accomplish.

Its one hundred and nine pages are devoted to what is called a registration report, the statistics of which, as Dr. J. W. Holland, a member of the board, remarks, are of no value, and any deductions from them would most likely be misleading. Dr. Holland's paper on the registration of vital statistics points out briefly and clearly that the physician is a necessary part of the machinery for obtaining vital statistics, and that therefore the State should require "that the licensed doctor shall have enough technical knowledge to establish the presumption that his opinion of the cause of death will be so near the truth as to be available for practical purposes." Some amusing illustrations of ignorance, as shown by reports of causes of death, are given, such as "falling of the brain" and "delicacy."

The Louisville Medical News, in a recent editorial upon this board, apparently written by some one who knew what he was talking about, says, "Two members of the board never attend its sessions and take no interest whatever in its work. . . . It is the perpetual cry that nothing can be done unless a larger appropriation is made for the work of the board. Every physician knows the present appropriation is altogether too meager for the work assigned an efficient State Board of Health. For the work of the board as now conducted, however, the appropriation is ample, and more than ample. There is nothing practical in the little work which is now conducted. Public confidence and professional coöperation are most needed by the board. After this will come increased appropriation; but when so little is given in return for the annual expenditure of public money as now obtains, it is useless to expect further aid. Indeed, if the existing condition of affairs is continued, we doubt if the next General Assembly will make any provision whatever for the preservation of the public health." So far as we can gather from this report, the strictures of the editor are justified. This board has been in existence four years, and by this time ought to have some definite plans and to be able to furnish some definite information. It is to be hoped that it will soon give both to the public.

MASSAGE.—It will be welcome intelligence to the members of the profession in Louisville to know that Madame Lager, whose card will be found in our advertising pages, will apply this valuable method of treatment whenever called upon. This lady has enjoyed exceptional opportunities for acquiring skill in all the details of the treatment, and in addition has the important qualification of appreciating her relations to the profession. She is worthy the utmost confidence, and physicians desiring to utilize this valuable therapeutic measure will find her services satisfactory in every respect.

Dr. Jas. B. Baird, editor of the Atlanta Medical Register, makes the following announcement in the March number of his exceptionally excellent journal:

In consequence of certain contemplated business changes on the part of the proprietor of the Register, and of the exacting demands of other important duties upon the time and attention of the editor, the agreement heretofore existing between the publisher and the editor has been canceled by mutual consent, and with the next number of this journal the present editorial management will cease.

The withdrawal of Dr. Baird from journalism is a sore misfortune to the profession. Under its present editorship the Register has gained a prominent position in southern medical literature. All lovers of concise, clear, and graceful English; of firm, fearless, and emphatic statement of opinion; of vigorous, sound, practical common sense, and of high-bred courtesy have enjoyed these pleasures if they have read the productions of Dr. Baird's pen.

But, as the truly good say when a loved one is taken away, "our loss is his gain." No longer can printers pester him or subscribers scold him. No more correspondents' wretched letters will he be compelled to rewrite. No more amorphous articles will he have to lick into shape. No more bitter enemies will he make by failing to publish tedious, brainless, stale, unprofitable, and interminable papers. No more proofs will he have to sit up with late in the night time, when his mind and body are worn and weary from a long day's dreary and harassing labors. So, dear brother, whom we never saw, we congratulate, not commiserate, you on the change. But, though you are to be no longer an editor, we trust you will not cease to be a writer. Bury not, we pray you, your talent in a big practice, but keep it in circulation, that it may give pleasure and do good to the household of medicine. *Vale.*

A Curious Experiment.—The ease with which persons fall under hallucinations of special sense is illustrated by M. Yung, in a recent communication to the Helvetic Society of Sciences. The operator places eight cards on a table, in positions corresponding to forehead, eyes, ears, nose, mouth, and chin; he pretends to "magnetize" them and also some person in the company, and then goes out, while the magnetized person is required to touch any one card. The operator, having returned, notes the action of a confederate, who scratches a part of his head corresponding to the card touched. Then he commences an innocent comedy, passing his hand carefully over the cards, and on reaching the touched card seeming to experience a strong shock. The observers are surprised, of course. One of them is then asked to go out and repeat the experiment. It is assumed that a certain card has been touched. Passing his hand over the cards, he indicates, in nine cases out of ten, a particular card as giving him a shock; and if the company be instructed to support his idea of that being the "correct card," he is confirmed in his illusion, which may be successfully repeated. Of eighty-five persons tried, M. Yung found only nine who refused to indicate a card, not having experienced any sensation. Fifty-three said they had exactly the sensation announced, and twenty-three described some different sensation.—*Boston Journal of Chemistry.*

Poisoning from the Prescription of a Clergyman.—Clergymen are very fond of dabbling in physic. This sometimes leads to serious consequences. The Rev. Mr. Timins, of West Malling, England, has just been committed for trial on a charge of manslaughter. The reverend gentleman appears to have been in the habit of prescribing gratuitously for the members of his flock on the strength of a short period of medical study nearly half a century ago. On the present occasion he administered a spoonful of the essential oil of bitter almonds to a young girl for some supposed complaint, and she died in his arms in a few minutes. His intentions were doubtless good, and it is pitiable to see a clergyman of hitherto unblemished character, and sixty-nine years of age, in such a position. Still zeal, untempered by knowledge, is not of much avail in the practice of medicine. Clerical minds have been too apt to busy themselves with the mysteries of medicine, and let us hope that the unfortunate position in which Mr. Timins now finds himself may serve as a warning to others of his profession.

Tickerosis. — "Your husband requires rest," said the doctor, as he came from the sick-chamber. "He will soon be well; he has had a bad attack of tickerosis." "Tickerosis, doctor! Why, that's a new disease, isn't it?" "Yes, quite new. It is caused by watching the tickers in the brokers' offices. It affects the optic nerve and the spinal column."—*Exchange.*

LINES WRITTEN UPON AN INFANT'S FIRST BIRTHDAY.—(L'Accoucheur, in Boston Medical and Surgical Journal.)

Incarnate dream of that which is to be;
Stupendous history of what has been;
The unknown past and future meet in thee.
Who shall record thy destiny, and when?

There lives no poet who thy fame can sing,
Thou shall have judgment only from thy peers.
Perhaps thy life with joy and praise shall ring,
Perhaps be passed in silence and in tears.

What shall thy mission be, wert thou forewarned?
Say, wert thou welcome, or didst thou arrive
Unwished for, hated, till thy birthday dawned?
Such is the fate of some. Since thou art here,

Oh! plead with mothers that they do not kill
The unborn infants Nature bids them bear.
Bid love and life their mutual course fulfill;
Bid life and love their mutual burdens share.

DR. ROBERT BATTEY.—The many professional friends of Dr. Battey throughout the South will be pleased to learn that he has established at Rome, Georgia, a private infirmary for the treatment of women with diseases peculiar to their sex. The building is composed of a series of two-story cottages connected together by covered verandas. Each patient has a separate room, carpeted, furnished in solid walnut and provided with fire. The infirmary is under the daily supervision of Mrs. Battey, and patients have all the comforts of a home. Dr. Battey has provided a separate room and ward which contains all the facilities for antisepticism and other conveniences for the management of surgical cases.

DARWIN'S RELIGIOUS VIEWS.—Charles Darwin thus wrote in 1879 to a German student: "I am very busy, an old man, and in bad health, and I can not gain the time to perfectly answer your questions, supposing that they may be so answered. Science has nothing to do with *Christ*, excepting in so far as the habit of scientific exploration makes a man cautious in recognizing proofs. As far as concerns myself, I do not believe that there has ever taken place any revelation. But regarding a future life, every body has to decide for himself between contradicting uncertain probabilities."

IMITATION SEWER GAS.—The young ladies of a New York school, says the Sanitary Engineer, lately resorted to this device. An examination was coming on; several of the young ladies were not prepared for it, and accordingly they put their heads together to devise a scheme for preventing its holding. One suggested that a sewer-gas scare would be about the thing, and accordingly the fellow conspirators scattered limburger cheese plentifully through the desks. The odors which resulted convinced the principal that there was something fatally wrong about the sanitary arrangements of the building, and the examination was indefinitely postponed. If the proverb be true that it is not all gold that glitters, it is equally true that it is not always sewer-gas that gives out the penetrating odor.

TEA AND COFFEE FROM GUANO.—The Quinologist, of March, contains a learned article on this subject, of much scientific interest. Horace Greeley once replied to an agricultural correspondent inquiring about fertilizers who asked, "How does guano do with potatoes?" "It is purely a matter of taste, but I prefer butter with mine." We shall continue to draw our caffeine and theine from the foreign flora, and leave the products of the fauna to more experienced and enthusiastic scientists.

DIGESTION OF MEAT.—Dr. P. Hönigsberg has made a number of experiments to determine the digestibility of meat. His results, which seem to be reliable, contradict somewhat our views hitherto held in regard to this subject. Raw, cooked, and fried meat was digested artificially with gastric juice. It was found that fried meat is most perfectly digested, raw less, and boiled still less.—*Wiener Med. Blatter.*

THE birth rate in France is lower than in any other country of Europe. In Russia there is one birth for every twenty inhabitants; Germany, one for twenty-five; Austria-Hungary, one for twenty-six; England, one for twenty-seven; Italy, one for twenty-seven; and Spain, one for twenty-eight. In France the rate is one for thirty-seven.

THE POTATO.—Costa Rica, in Central America, is the native home of the Irish potato. The Spaniards found it there in use as food.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from February 24, 1883, to March 3, 1883.

Burton, Henry G., Captain and Assistant Surgeon, the leave of absence granted October 2, 1882, is extended two months. (Par. 2, S. O. 49, A. G. O., February 28, 1883).

The Louisville Medical News.

Vol. XV. SATURDAY, MARCH 17, 1883. No. 11.

LUNSFORD P. YANDELL, M.D., - - }
L. S. McMURTRY, A.M., M.D., - - - } Editors.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

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STATE MEDICINE IN KENTUCKY.

Since the attention of the profession was directed to the inefficiency of the State Board of Health of Kentucky in these columns, the secular press has also pointed the public eye to the absurdities of its reports, the poverty in practical results of its little labors, and questions whether or not it is worth while for the State to continue the existence of such useless organization. Our criticisms, we hoped, would serve the purpose of arousing the board to energetic work, and thereby advance the whole profession in public esteem. No one can deny that the profession is invariably injured as a profession when its members are appointed to important public positions and utterly fail to acquit themselves in such manner as to reflect credit upon their guild. The utter failure, so far as practical results are concerned, which the State Board of Health has made has been a constant theme for ridicule and amiable criticism in professional circles for several years past. The diffuse essays and long pages of worthless, often erroneous, statistics have lost their charm for the public too, and the board is hard put to it to keep up appearances.

In consequence of these criticisms the board determined "to make a demonstration." The 7th of this month was selected, and the members of all county and local boards throughout the State were called to meet the State Board in this city to organize a sanitary convention. Of the one hundred and thirteen counties in this State said to have local boards, nine members were present, and the demonstration materialized in the form of two columns in the daily Courier-Journal. Only four of the seven members of the State Board were present, and the entire convention, including invited friends, numbered sixteen persons. Two important resolutions were unanimously adopted. First, that the recent floods will not materially affect the public health; second, that the convention resolve itself into a sanitary council. The medical profession of Louisville was not invited to attend the convention.

Of the newspaper demonstration a goodly portion consisted of a reply to our strictures upon the board's methods, by Dr. J. N. McCormack, of Bowling Green. Dr. McCormack is well known throughout Kentucky and the country at large as an accomplished physician, a successful practitioner, with the ability to wield with power and grace both the scalpel and the pen. No one knows better than he that the columns of the daily press do not furnish a becoming medium for the discussion of professional topics in reply to the comments of the medical press. Dr. McCormack knows full well too that the board has done nothing to protect and improve the public health in Kentucky. His defense of the board was written solely for the public, and was well adapted to its purposes. Viewed from the stand-point of a medical man, it is indeed lame and indefinite. It deals with generalities and avoids the main point. It negates much and affirms little. It tells nothing as to what the board has done or is doing to improve the public health in Kentucky, or protect the people from epidemic or infectious diseases. Dr. McCormack claims that at the time the board was created no medical man in the State had any knowledge in public hygiene, and the inference is left that the

State Board, having devoted itself to such studies, now has a monopoly of that knowledge so far as Kentucky is concerned. He claims also that it is unreasonable to expect physicians to devote their time and labor to health boards, and thus diminish that sickness through which their living is earned. That no man can be expected to give his labor and time to public business when he receives no direct compensation. It is, of course, useless to reply to such statements as these when submitted to medical readers. It is only going a step further to say that we should not cure our patients quickly, since it pays more to keep them under treatment indefinitely.

The criticisms originally made in these columns relative to the board remain unanswered. The board should undertake some practical sanitary work. It should point out and urge measures for the redemption of certain portions of the State from preventable diseases. It should utilize the appropriation in pointing out these measures and gaining the necessary information upon these unhealthy conditions. It should advise the public relative to water-supply and food, and point out the dangers. The matter of school hygiene might profitably be presented to those interested throughout Kentucky, and the very elementary sanitary doctrine of universal vaccination might be worthy of attention. Delivering rose-colored addresses on the importance of sanitary regulations, and collecting statistics which are useless, is idle waste of time and money. Voting the purchase out of the annual appropriation of copies of Buck's Hygiene, in two large volumes, bound in Russia leather, for the private use of each member, and allowing bills of expenses for members going to remote cities to attend sanitary conventions, can scarcely benefit to any great extent the health of the people of Kentucky. The recent "demonstration" may *for a time* beguile the public, but the profession applies altogether a different measure.

Respecting the relevancy of our comments upon this organization, we beg to refer our readers to the views of an expert, which will be found in this impression of the NEWS under the head of Miscellany. It will be difficult, we imagine, to deny the authoritative position held by the Sanitary Engineer in sanitary science, and it will be evident that the board is estimated abroad as at home.

In the meantime we stand ready to aid the board through these columns in any way in our power, as soon as it may decide to undertake the practical discharge of its important offices. We would urge our readers throughout the State also to aid whatever plans the board may promulgate with a view to redeeming several years of idleness and inefficiency.

THE SWISS CHRISTIANS.

The term Cretin, applied to some of the worst forms of idiocy found in Alpine countries, is only a corruption of the name "Christian." They were called Chretiens by the peasantry of Switzerland, to imply that they are *par excellence* children of the good God, irresponsible, and incapable of displeasing him.

As to the pure all things are pure, so to the scientist all things are scientific, and we trust that Dr. Kerlein, of Elwyn, Pennsylvania, from whom the above paragraph in the Atlanta Medical Register is quoted, had not a smile on his pen when he wrote it. Indeed, in looking again over his paper entitled "Some Facts about Feeble-minded Children, and their Care and Training in State Institutions," we see that he writes as a scientist and a philanthropist, and not in a spirit of levity. A brilliant malefactor who goes lecturing about our free land for money, and by his seductive discourse essays to unsettle the religious convictions, the benign faith of the multitude, expresses this Swiss idea with evil intent to his hearers.

We observe, by the way, in Dr. Kerlin's essay, that New York houses eight hundred and seventy-one idiots, Ohio takes care of five hundred and sixty, and Kentucky only gives public shelter to one hundred and

sixty. While we can readily believe that idiots are more abundant in New York and in Ohio than with us, yet we know, by observation, that all the Kentucky idiots are not yet corralled.

Idiot, it may be remarked in passing, was once a term of endearment, and indicated innocence, amiability, moral perfection. It was a pet name, like darling, love, etc., and was used by affectionate husbands in addressing their wives. It would scarcely be safe for a husband to call his wife an idiot in this day. It is remarkable that words change in time their signification so completely; as, for instance, magnificent=large-made; admirable = wonderful; indolent = painful, and yet man, the author of words, changes so little from century to century!

A DESERVED APOLOGY.

A paragraph in yesterday's Courier-Journal, under the head of "A Bowling Green Doctor Exposed," does serious injustice to Dr. Cooper Wright, of that city. A similarity of names alone caused the unfortunate error. Dr. Wright graduated in the Jefferson Medical College, of Philadelphia, in the spring of 1858, and has since that time ranked with the best physicians in the State. His high social standing, his large practice in Southern Kentucky, and his recognized ability as a physician entitle him to the fullest correction. We regret exceedingly that the Courier-Journal has done him an unintentional injury.

The above paragraph is a graceful apology for a grievous wrong done one of Kentucky's best doctors. The city of Bowling Green has a law which requires all physicians offering their medical services to its citizens to register their diploma in the city archives. Its especial object is to protect the ignorant and credulous of its population against the migratory quacks who infest all cities from time to time, and by their winning wiles filch the scanty means of the humbler folk. It is an excellent ordinance, a wise law, and one which should obtain in all States and communities.

A correspondent of the Courier-Journal, a few days since, made the erroneous statement that Dr. Wright had never received a diploma. Hence the apology. Dr. Wright has our cordial sympathy in his vexation, and also our hearty congratulation in receiving such ample and prompt redress. The puissant press is not always thus quick and fair and generous in its dealings with the innocent victims of its errors.

Bibliography.

The Physician Himself, and What he should Add to his Scientific Acquirements. Third edition. By D. W. CATHELL, M.D., late Professor Pathology, College Physicians and Surgeons. Baltimore, Md.

Two editions, of three thousand each, having been speedily sold, Dr. Cathell has brought out a third, in which he has made clear a few passages which before were not perfectly perspicuous. Beyond this, The Physician Himself was scarcely susceptible of improvement. We again commend this work to our readers as brim full of common sense, valuable suggestions, and wise warnings to all those who have not yet "made their calling and election sure" in the profession. The following extracts, taken at random, illustrate the character of Dr. Cathell's charming book:

"You must bear in mind that man is something more than a stomach and body, and must constantly study the use of psychological aids, and try to compel your patient's will to assist you."

"The power of impressing those you meet with a favorable opinion of your adaptation to your calling is an important advantage."

"No one can succeed fully without the favorable opinion of the maids and matrons he meets in the sick-room. The females of every family have a potent voice in selecting the family physician. I have often thought that the secret why so many truly scientific aspirants fail to get practice is that their manner and acquirements do not appeal to the female mind."

"You will find that remembrance of the names of children, and of patients you see but rarely, and the salient points of former interviews with them, are very useful adjuncts to other qualities."

"Children's likes and dislikes will control your destiny in many a family."

"You will also occasionally be asked for advice by those about to marry, and by others newly married, who are miserable on

account of this or that affliction, defect, or fear. Remember in all such cases to charge your *full fee*, even though you write no prescription. With them the charge is for giving valuable information and satisfaction.

"Never recommend sexual intercourse as a remedy for self-pollution, nocturnal emissions, spermatorrhea, hypochondriasis, acne, or any thing else."

"If such people risk syphilis, gonorrhea, bastardy, or exposure, or commit rape, adultery, or self-pollution, let it be on their own responsibility, not on yours. Perfect chastity is entirely compatible with good health; and I know of no disorder, either of body or mind, in which fornication is necessary."

Legal Medicine. By CHARLES MEYMOTT TIDY, M. B., F. C. S., Professor of Chemistry and Forensic Medicine at the London Hospital. Two volumes. William Wood & Co., New York. 1883.

This work, the November and December numbers of Wood's Library of Standard Medical Authors for 1882, can be obtained only by subscribing for the whole library ($15 per twelve books). The subject-matter is the substance of a course of lectures delivered to the students at London Hospital during the summer of 1881.

Dr. Tidy's reputation had led us to expect much of this, his latest work. We are not entirely disappointed. While the book bears conspicuous evidence of hasty preparation, it is more than redeemed by the author's fluent style and judicious selection of material. Although published for practitioners, the author evidently designed it more especially for the student, devoting the main text exclusively to the enunciation of principles. In the works of Taylor and others, the continuity of the text is broken by the recital of illustrative cases which, to make the history complete, must necessarily contain much irrelevant matter. This difficulty is obviated by reserving such cases for a sort of supplement at the end of each chapter and inserting references in the main text.

The work is not all that we could wish or expect of the distinguished author, and besides it is eminently English, still, in the absence of any thing better, "it meets a long-felt want." The field has long been supplied with exhaustive treatises of great value to the medical jurist, but the student and general practitioner have looked in vain for a book succinct enough for them to master and yet comprehensive enough to meet their needs. A warm welcome should be given to any work that will encourage the unambitious student or busy practitioner to cultivate the much neglected but important field of medical jurisprudence. For every physician, no matter how recent in practice or how remote his location, is liable at any time to meet cases requiring all the acumen, judgment, and learning of a medical jurist. His first day in practice, the first ring at the door-bell, may bring the young doctor face to face with a case necessitating the giving of evidence or the expressing of opinions which, after being tried in court, may be published in newspapers and criticised in medical journals, evidence and opinions on which may hang the physician's reputation or even the prisoner's life. S. E. W.

THE LAW OF HUMAN INCREASE. By Nathan Allen, M.D., LL.D. Reprinted from the Popular Science Monthly.

NASO-AUTRAL CATARRH, AND ITS TREATMENT. By W. H. Daly, M.D., of Pittsburg, Pa. Reprinted from the Archives of Laryngology, October, 1882.

BROMIDE OF ETHYL; the most perfect anesthetic for short painful surgical operations. By Julian J. Chisholm, M.D., Baltimore, Md.

GONORRHEAL RHEUMATISM.—Dr. Nolen thus concludes (*Deutsches Arch. f. Klin. Med.*, Nov.) a strong article on gonorrheal rheumatism: While occasionally gonorrhea is complicated by a rheumatic affection, such cases are very rare in proportion to the immense number of cases of gonorrhea not so complicated, and even when present, the rheumatism may be of the most diverse nature and intensity, and possess no distinctly characteristic features. It seems to be fairly well established that when *once an attack of gonorrhea is complicated by rheumatism, it is also present in subsequent attacks*, indicating the probability, in some unknown manner, of the causative action of the gonorrhea; though it may also be held that the principal cause lies not in the gonorrhea, but in the constitutional tendencies of the individual, the simultaneous occurrence of gonorrhea and rheumatism being merely a coincidence.

[The last suggestion is, beyond a reasonable doubt the correct hypothesis.]

Correspondence.

ATRESIA OF THE UTERUS.

Editors Louisville Medical News:

The history of the following case is given because of its rarity, because of the simple method employed for the relief of the patient, and because of the obscure and to me unknown cause of the lesion.

Mrs. Y., aged forty-two years, delicate, dark complexion, black hair and eyes, nervous temperament, was married at twenty-three. Prior to her marriage she enjoyed good health. Ten months after her first child was born, and in eighteen months afterward her second child was born. Two years later she miscarried at six months of utero-gestation, and in one year afterward she aborted at two months. Here dates her failing health. For several years she was treated but irregularly, and passed through the hands of several physicians. The only idea she had of her disease was that her physicians had told her that she had "womb disease, ulceration of the os," etc. She stated to me that she was not cured, but that her condition had been benefited. She was kept in bed for several months by one of her doctors, while he subjected her to a vigorous and active course of treatment, consisting chiefly of caustics, etc.

In the spring of 1876 I first saw her and obtained the foregoing history. She claimed that after her last abortion she menstruated with comparative regularity, but always with some discomfort, and usually followed by a profuse leucorrhea. At this time she was feeble, anemic, nutrition bad, and neurasthenic symptoms very prominent. Her symptoms all pointed to pelvic disease. The uterus was examined and found anteverted, with a decided metritis, with cervical erosion, etc. Palliatives were locally employed. Ferruginous tonics, with strychnia, were given for several weeks, and in about three months she was discharged in fairly good health.

I saw her again in September, 1882. During this interval of six years she had been able to discharge all her domestic duties. At this visit she informed me that she had for several weeks suffered violent pain in the pelvis, and that it was growing worse each month. During the spring months her menses were scanty—a mere stain—very painful, and followed by leucorrhea. Her pain was located in the lower abdomen, back, and loins. Retching and vomiting were prominent symptoms, while the pains in the occiput were almost intolerable. During July and August there was no uterine discharge of any nature, but the vesical and uterine tenesmus were sufficiently painful to confine her in bed for several days. The arrest of the menses I could not explain. Eighteen years had elapsed since the last abortion. There were no signs of pregnancy during that time, and I could not believe that she had reached the meno-pause.

A digital examination of the pelvis revealed the following condition: The ovaries occupied their normal site; the uterus prolapsed and slightly anteverted. The os could not be outlined. Only a smooth, even surface could be felt.

In the left lateral position with a Sims speculum I found the cervix very much enlarged, its conical form obliterated, while the os could not be seen. There was no cicatrix to indicate its former site. Firm pressure with a steel sound on the most dependent part of the cervix elicited only a feeling of slight fluctuation. No sign of disease without could be seen. On the contrary, the cervix presented that natural, glistening appearance usually observed in healthy uteri.

The diagnosis now was plain enough, and the remedy for relief at once suggested itself. The organ was drawn down within easy reach by a tenaculum, while the speculum was held by the nurse. I passed a bistoury into the cervix at a point where the os ought to have been, and far enough to reach the inner os. A flow of dark, bloody, offensive matter came away, which I supposed to be retained menstrual fluid. I then passed with difficulty a number of graduated sounds into the uterine cavity, and dilated the canal as widely as could be done with such instrument. There was so much stenosis of the cervix that it required some force to pass an ordinary sound through the canal. After securing all the dilatation obtainable by the above method, cotton tents saturated with tannate of glycerin were passed into the cervix and the canal firmly plugged. These were allowed to remain for twenty-four hours, when they were removed and the parts disinfected. This treatment was continued for several days at intervals of a week. Dilatation with a sound was resorted to until the menstrual flow returned. The first period after the operation was so free and void of pain that no further local treatment has been employed. At this writing, five months afterward, the flow is natural

and virtually painless. All pain in the bowels and back, as well as the intense pain in back of the head, nausea, vomiting, etc., has disappeared.

Dr. Thomas, in his work upon Diseases of Women, devotes a few pages to uterine atresia, and sums up all the causes likely to lead to such results, viz: (1) Use of caustics; (2) cervical endometritis; (3) neoplasms in cervical canal; (4) senile atrophy; (5) sloughing after parturition; (6) amputation of uterine neck; (7) use of steel curette. The first of these causes often produces stenosis and sometimes complex atresia. The fourth is very common in old age. In the case just given I am at a loss to know what to attribute the atresia to unless it be to senile atrophy, and that view is antagonized by the free and painless menstrual flow for several months since.

EDWARD ALCORN, M.D.

HUSTONVILLE, KY.

THE FRUITS OF THE NEW CODE.

Editors Louisville Medical News:

Since the late meeting of the New York State Medical Society and the adoption of the so-called New Code of Ethics, there is a desire among the members of the profession in this city to obtain a list of the members of the society mentioned who advocated and who approve this departure. It can not be regarded as any thing more or less than a desire to affiliate with and encourage quackery, and the authors of the movement should be permitted by reputable members of the profession to enjoy the inconveniences as well as advantages of their chosen position. It is often necessary to refer our friends and patients going eastward to physicians, and it is important to know these members of the New York State Society who have voluntarily severed their connection with the medical profession of the country, so that we may advise accordingly. You will confer a favor upon many of your readers if you will publish the "black list" in an early number of the News. See my card enclosed herewith.

JASON.

LOUISVILLE, March 9, 1883.

[Our correspondent is a prominent practitioner of Louisville, and, from similar requests received from various sources, we are convinced that he expresses the views of the body of the profession in the Southwest. In reply, we would refer our correspondent and others interested to our issue of February 13, 1883, in which number of the News will be found a full account of the proceedings of the Medical Society of the State of New York. He will find therein the names of those who have led the movement in New York.—EDS.]

Editors Louisville Medical News:

Quite recently my attention has been called to an accidental vaccination of a very respectable lady in this vicinity with the fresh saliva of a calf while sucking. This lady had on the index finger of her right hand two naevi, or small warts. While milking her cow the calf annoyed her, and she (lawfully in this state) gave it a backhand slap, and, striking one of the naevi against the calf's tooth, contused or wounded it so as to cause it to bleed a drop or two. About a week or ten days thereafter it inflamed, causing the hand and arm to swell, with rigors and considerable febrile excitement. The pustule was well formed, umbilicated and desquamated about the 26th day. All of the ordinary phenomena of a well-typed bovine vaccination, and the characteristic eschar supervening, caused me to question, what is the true bovine vaccine? If the distinguished Jenner was mistaken as to how this bovine vaccine was acquired, and instead of the grease, a disease of horses' heels, being the medium through the cow, it is the fresh saliva of a calf, we should experiment sufficiently to ascertain the truth.

I do not state this as a fact, but feel that it is due to the well-being of mankind to sift this thoroughly, by proper and competent experiment, to see if this case will not lead to the discovery of what is the true prophylactic against the most loathsome of all diseases, smallpox.

T. J. REID, M.D.

HOT SPRINGS, ARK., Feb. 12, 1883.

TREATMENT OF GONORRHEA.—A large number of American physicians have of late reported successful results in the treatment of gonorrhea by the *yellow* oleum santali. The remedy puts an end to the discharge within two days, it is claimed, but to prevent a relapse it has to be continued for two weeks longer. From fifteen to twenty drops given three times daily is the dose, on sugar or in capsules. It is likely this old remedy, now revived, will cure many cases and fail in many cases like the other panaceas.

Selections.

Renal Inadequacy.—In an address on this subject recently delivered before the Metropolitan Counties Branch of the British Medical Association, Dr. Andrew Clark, Physician and Lecturer on Clinical Medicine, London Hospital, and President of the Clinical Society, stated (British Medical Journal): "There is a certain state of the kidney in which, without any alteration of structure that the eye can detect, it can, nevertheless, not produce a perfectly healthy urine. It is a urine low in density and deficient in solid constituent, principally in urea and its congeners. I call this state renal inadequacy. You may say, 'It seems scarcely wise to introduce a name like that, when probably it is nothing less than an early stage of Bright's disease. Why bring in another name?' I will not say that it is not an early stage of Bright's disease; I do not know. I think it need not necessarily be; but I shall assume that it is, perhaps, a very early stage of Bright's disease. I nevertheless think it of practical value—and we who are here to-night are practical men—to recognize by a distinct name a state which may remain as it is during the whole period of life, which is nevertheless capable of removal, and which, if unnoticed, may lead to serious injury to the patient. Let me explain. The people who have this renal inadequacy are characterized by three things particularly. First and foremost, they are characterized by a curious inability properly to repair damages done to them either by accident or by disease. I have no doubt you as well as I have often been puzzled to know why, in particular cases, they could not repair a common accident; or why, in a disease such as pneumonia, the exuded stuff was not melted and speedily swept away; why a man who had met with some trifling accident in the wrist or shoulder remained suffering from it. Then, they not only repair damages of this kind slowly, but they are peculiarly vulnerable. They are a people, as a rule, who are always catching cold, and who, when they catch cold, come within the category of the first characteristic—namely, that they do not get rid of the cold. They are the people who, without apparent reason, and without other existing disease, get pneumonias, pleurisies, pericarditis, and the like. Then, thirdly—and, I think, almost the most important thing to be noticed about these cases—you can never be sure of the result of the performance of an ordinary surgical operation upon them. It is this class of people, as I had the opportunity a few years ago in London of discovering, that die from a simple operation by hemorrhage. It is this class of people who have an abscess opened, and immediately become what is called pyemic. It is this class of people who, without his being able to explain it, attracted the notice of that distinguished surgeon, Sir James Paget. Some years ago he said, 'Whenever I find a man in ill-health, without definite cause for the ill-health, I feel sure that my chances of success in operating upon him are diminished by at least one-half.'"

Cerebral Dyspepsia.—The author insists strongly on the purely cerebral origin of many forms of dyspepsia, where the patient is neither overindulgent, nor intemperate, nor addicted to hurrying over meals, nor accustomed to eat coarse or unwholesome food. The cerebral form of dyspepsia is well seen, in many cases, where a healthy man with a good appetite suddenly receives bad news when sitting down to a meal. "But, perhaps, of all conditions acting on the brain in this manner, and through the brain on the stomach, no one is more injurious or more jarring to the cerebral elements than uncertainty, and the worry caused by the same, more particularly in preternaturally irritable subjects. In fact, it is in connection with this same worry that the form of dyspepsia I have at present under consideration most frequently occurs. The mind in such cases preys upon itself; the cerebral elements seem to get jarred and out of gear; and with this condition the stomach sympathizes. But in addition to worry the habitual practice of calling into action the 'reserve fund' of the cerebrum, as already mentioned, will bring about the same consequences—namely, cerebral fatigue and exhaustion, indicated chiefly by preternatural irritability, this condition sooner or later telling upon the digestive organs. Having said this, it is almost unnecessary to add that such cases are most commonly met with among those who are engaged in the hottest part of the 'battle of life' or 'struggle for existence'; and, again, amongst these, chiefly those whose business or profession leads to much anxiety, uncertainty, or over-stretching of the mental powers. In over-aspiring, over-ambitious natures 'hope deferred' may bring about the same results; as, according to the biblical expression 'it maketh the heart sick.' My

attention was drawn to several cases of dyspepsia connected with one or other of these conditions some time ago; and what made me more strong in my view of these cases being cerebral, and not stomachic at all in their origin, was their obstinacy under all forms of natural treatment. Latterly, I have found that the only treatment capable of doing these cases any permanent good is a change in the wide sense of the term—a relaxation from business or study; and, as regards medicines, not such as are meant to act on the stomach directly, but those meant to act on the cerebrum. Among these, I have found the most useful to be the bromide of ammonium, or bromide of potassium—perferably the former—given in a sufficient dose at bed-time to secure a good night's sleep, this being often very indifferent, and so tending to complicate the case; and, combined with this, to be taken three or four times during the day, such medicines as are known to have a building up effect on the nervous system—among these, the most useful being phosphorus, or the hypophosphites, and cod-liver oil. Arsenic and quinine are often also useful, and a generous diet is always indicated. Unless the stomach has passed into a state of disease (which it may do if overtasked when in this weakened state), any of these medicines are generally well borne. It will be well to bear in mind, however, that if the mucous membrane of the stomach be in a state of irritation, quinine, arsenic, phosphorus, the hypophosphites, and sometimes even cod-liver oil, are generally inadmissible."—*Dr. John S. Main in British Medical Journal.*

Diabetes Insipidus of Nervous Origin. An instance of the connection between diabetes insipidus and disturbance of the central nervous system, recently recorded by Flatten, is of much importance not only to the pathologist, but to the physiologist, as it confirms certain previous observations respecting the localization of the urinary centers or nervous tracts. (*Archiv f. Psychiatrie*, XIII. 3, S. 671.) The case was of traumatic origin. A man, aged twenty-two, sustained a severe injury to the left side of the neck and the occipital region, with temporary loss of consciousness, variable diplopia, and impairment of hearing on the right side. Almost immediately after the accident, polydipsia and polyuria set in, and later on boils made their appearance. When seen by Flatten, the man was found to be suffering from complete paralysis of the left external rectus, and partial paralysis of the right external rectus. Hearing was lost at the external meatus of the left side, while sounds were conducted through the structures of the head. There was neither sugar nor albumen in the urine, which amounted to twelve litres (423 ounces) per diem. Iodide of potassium was exhibited internally, and mercurial ointment rubbed into the neck, whereupon the polyuria decidedly diminished. Flatten's diagnosis of the locality of the lesion was that it was situated close under the nucleus of the left sixth nerve, which it destroyed, while it extended across the middle line and affected the nucleus of the right sixth nerve; but confessedly this diagnosis did not account for the peculiar disturbance of hearing. It is a fact of the greatest possible interest that the present case is the third instance on record of the association of traumatic polyuria with paralysis of the sixth cranial nerve.—*Medical Times and Gazette.*

The Salicylates and Hemorrhages in Enteric Fever.—Dr. James Fergusson, of Perth, writes: "At the time when salicylic acid and its compounds are receiving so much attention, may the following facts be regarded as at least worthy of statement? Last year, while resident in the infirmary here, I had an opportunity of testing the efficacy of certain drugs as antipyretics in enteric fever. These agents were used successively, each over a group of cases, and included the salicylate of soda. The latter had not been long in use when an increased frequency of hemorrhages from the bowel raised the question, Could the salicylate be favoring the production of that complication of the malady? Whether it were or not, the suspicion aroused dictated the withdrawal of the salt from use in cases of typhoid. Shortly afterward, I noticed that a foreign observer had reported the salicylate of bismuth, and, I think, also salicylic acid (though of the latter I can not be certain, as I am not able now to find the report in question), to cause intestinal and nasal hemorrhages. The subject would not have been revived by me at present but for the recent experience of my successor in the resident's office of the above-mentioned institution, D. H. McLean Wilson, who joins me in placing the facts before the public. Dr. Wilson, in having recourse to the soda-salt in typhoid, found the same striking frequency of hemorrhages to follow closely. His employment of the agent differed from mine, in that he

administered small doses of ten to fifteen grains frequently over the twenty-four hours, while I gave half-dram or dram doses at longer intervals apart. In the other respect, however, our experiences have been so similar as to warrant the facts being brought under notice, so that the important practical question involved may, if possible, be decided by the evidence of a number of observers."—*British Medical Journal.*

PHTHISIS AND AGUE.—The antagonism between phthisis and ague is relative rather than positive; that is, phthisis occurs more frequently in regions where intermittents are not endemic, and vice versa; we can not say where intermittents are dominant there phthisis is not met with. Both diseases, too, may occur simultaneously in the same person. Dr. Vieta, writing in the *Genio Medico-Quirurgico*, of January 15th, describes his experience in Azagra, in the kingdom of Navarre. The situation of the town is very damp and low; it is surrounded by the rivers Ebro and Ega, and formerly these constantly overflowed their banks, inundating half the town. The streets were unpaved, and full of holes, in which the water lodged. In the outskirts much hemp was cultivated, and there were innumerable stagnant pools, in which the hemp, after being cut, was macerated. Severe intermittent fevers were very prevalent. Now the streets are paved, the rivers embanked so that they are confined to their proper channel, and hemp is not so much grown, market-gardening being more profitable. The town has become much more healthy, and intermittents are no longer endemic. The few cases of ague which occur are simple, without the marked paludic cachexia and tendency to relapse, and yield readily to treatment. But with this diminution of intermittents there is a decided and marked increase in the number of cases of chronic affections of the lungs, especially phthisis, which was formerly all but unknown in this locality. Dr. Vieta does not attempt to account for this antagonism. He attributes the phthisis to neglected bronchial catarrhs, and says that hereditary influences and diathesis play no part in its causation. He therefore hopes that, with improved hygienic means and knowledge, this also may be eradicated.

THE TUBERCLE BACILLUS IN THE URINE. The first recorded observation of the tubercle bacillus in the urine of a living man has just been announced by Professor Rosenstein of Leiden, in the *Centralblatt* for February 3d. The bacillus had indeed already been discovered in the products of the pelvis of the kidney, but the observation was made post-mortem, and was therefore of comparatively less value than the detection of the organism in urine freshly passed. The case in point was that of a man aged thirty-seven years, with scrofulous disease of both testes, and abundant albuminuria, the urine being muddy and presenting a few flocculi, as large as the head of a pin, floating through it. On standing it deposited a considerable sediment, which consisted chiefly of pus with a few red corpuscles. For the purpose of careful examination, the urine was passed into a solution of thymol, and allowed to stand for twenty-four hours. The fluid portion was then removed, and a drop of the sediment was treated like sputum which is being examined for bacilli, according to Ehrlich's method. (See Medical Times and Gazette, 1882, vol. i., page 559.) With a high power of the microscope it was discovered that abundant masses of the tubercle-bacillus were present in the flocculi just described. Professor Rosenstein recommends the use of methyl blue in the process of preparation, to prevent confusion of the tubercle bacillus with other organisms present even in fresh urine.

THE following letter from Mr. J. Knowsley Thornton to Prof. Gross contains the latest exposition of British statistics in ovariotomy. We extract it from the College and Clinical Record:

"I fear you will think I have forgotten my promise. At last I send you the statistics. I have found it very difficult to get them. I can get nothing later as to Clay's and Dr. Keith's, only up to October, 1881. The others are almost to date.

	Cases.	Recovered.	Died.	Mortal. per ct.
Dr. Clay, of Manchester,	93	64	29	31.11
Mr. Spencer Wells, . . .	1088	847	241	22.15
Dr. Keith, ...	381	340	41	10.76
Mr. Knowsley Thornton,	328	293	35	10.67
Mr. Lawson Tait, ...	226	199	27	11.94

"Dr. Peaslee (page 276) credits Mr. Clay with two hundred and fifty cases; recovered, 182; died, 68; mortality, 27.2. I have not been able to verify these results, and therefore have not given them in the above table. The discussion in the British Medical Journal, in 1880, failed to elicit any statement from Clay himself *as to results*. He then said that he had performed four hundred before he ceased to operate. I think, under

any circumstances, his results should hardly be given in comparison with those of Wells, Keith, Tait, and myself, as ours are thoroughly authenticated by published tables; Clay's never have been. I think my own mortality answers your question as to the value of the spray. I did not know until I began to look up the matter for you that I actually have got slightly the lead."

℞.—Touching the physician's symbol, Dr. Paris states that the physician of the present day continues to prefix to his prescriptions the letter "R," which is generally supposed to mean *recipe*, but which is, in truth, a relic of the astrological symbol of Jupiter, formerly used as a species of superstitious invocation. Another origin has, however, been given. At the close of the sixteenth century Dr. Lee was, according to his own account, and we verily believe his own conviction, on terms of intimacy with most of the angels. His brother physician, Dr. Napier, got almost all his medical prescriptions from the angel Raphael; and Elias Ashmole had a manuscript volume of the receipts, filling about a quire and a half of paper. Now, it has been thought that the prefixed characters which Ashmole interprets to mean *Responsum Raphaelis* remarkably resembles that cabalistic-looking "℞" which is to this day prefixed to medical prescriptions, but is commonly interpreted *recipe*.—*Medical Times and Gazette.*

An Account of Two Hundred and Eight consecutive Cases of Abdominal Section performed between March 1, and December 31, 1881.—Mr. Lawson Tait, F.R.C.S., Eng., Surgeon to the Birmingham and Midland Hospital for Women, in a paper bearing this title, gives the following analysis of the series: Exploratory incisions, 13 cases, with no deaths; incomplete operations, 8 cases, with four deaths. Operations for cystoma: One ovary, 36 cases; both ovaries, 28; parovarian cysts, 12; hydrosalpinx, 16; pyosalpinx, 20; or 112 cases, 3 deaths. Removal of the uterine appendages: for myoma, 26 cases; for chronic ovaritis, 12; for menstrual epilepsy, 1; or 39 cases, 5 deaths. Hepatotomy for hydatids, 2 cases; hydatids of peritoneum, 2; cholecystotomy for gall-stone, 2; radical of hernia, 1; nephrotomy for hydatids, 1; nephrectomy, 1; intestinal obstruction, 1; solid tumors of ovary, 3; hysterectomy for myoma, 10; cysts of unknown origin, 1; tumors of omentum, 1; pelvic abscess opened and drained, 7; chronic peritonitis, 4; or 35 cases, 4 deaths. Total, 208 cases, with 16 deaths. These operations were not performed under carbolic spray.—*British Medical Journal.*

Quinine and Potassium Chlorate in Malaria.—Dr Baldini, of Grado, west coast of Africa, reports (*Med. Chir. Rundschause*) that he has, in over seventy cases of intermittent fever, cut short the attack, as with one blow, by using these drugs in combination. He gives for a dose twenty to thirty grains of sulphate of quinine, with fifteen grains of potassium chlorate in a number of pills. For children he suspends the powder in milk.—*The Practitioner.*

["As with one blow;" yes, but great Galen, what a blow! Fancy taking thirty grains of quinine with fifteen of chlorate of potash into one's stomach at once! Said the chairman of a church delegation appointed to reason with an old-time preacher who persisted in thundering the uncomfortable doctrine of inevitable and perpetual torments of fire to the unregenerate. "I tell you, sir, the people ar n't a-going to stand it." So we say of Dr. Grado's dose. The people won't stand it. It may go down in Africa, but it will not in America. It is not likely to stay down any where. In this vicinity, but a few such prescriptions would promptly suffice to drive one's patients off to a less formidable doser.]

Alcohol from Smoke.—The latest instance of the utilization of waste products is that effected at Elk Rapids, Mich., with the gaseous matter given forth by a blast furnace in which are manufactured fifty tons of charcoal iron per day. In the case to which we refer, the vast amount of smoke from the pits, formerly lost in air, is now turned to account by being driven by suction or draught into stills surrounded by cold water, the result of the condensation being first, acetate of lime; second, methyl alcohol; third, tar; the fourth part produces gas, which is consumed under the boilers. Each cord of wood produces 29,000 cubic feet of smoke; 2,900,000 feet of smoke handled in 24 hours, producing 12,000 pounds of acetate of lime, 200 gallons of alcohol, 25 pounds of tar.—*Stearns' New Idea.*

Alcohol probably exists in the air, earth, and water around us, as a product of organic decomposition.—*Dr. Norman Kerr*

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, MARCH 24, 1883.

Original.

THE AFFINITY BETWEEN MALARIAL DISEASES AND THE EPIDEMIC OPHTHALMIA

As it Existed in South Carolina During the Summer and Fall of 1882.

BY E. MILLER, M. D.*

Ophthalmia in an epidemic form, during the past summer and fall, has pervaded this State from the seaboard to the mountains, and its simultaneous appearance and disappearance with a prevalent epidemic of malarial diseases has suggested the existence of a common origin. This disease prevailed in the same way about twelve years ago, in the fall, during the prevalence of an epidemic of malarial diseases, but my mind was not at that time impressed with their identity in origin. My remembrance of that epidemic was, that the disease, as of this year, did not yield promptly to the ordinary local treatment, but that it subsided with the disappearance of the malarial diseases on the approach of cold weather. I had personal connection with but few cases here, owing to absence in the mountains of South Carolina during most of its prevalence, but I saw a good deal of it in the upper counties of the State, where it seemed to have a preference for the country, the larger towns having fewer cases in proportion to population, and inquiries here develop the same results. Dr. F. P. Porcher, of Charleston, told me it had not prevailed in that city in his practice; that he saw but one case, and that was a gentleman of Georgia, from the country.

Dr. Rhett, who has charge of a dispensary on Charleston Neck, a locality noted for malarial fevers, told me he had seen at that place quite a number of patients with ophthalmia during the malarial season, but the disease disappeared when cold weather came on, leaving the impression on his mind of its malarial origin, and he had so expressed himself. He tried antiperiodics, but did not note results.

Dr. Kolloch, of Cheraw, tells me he is convinced of its malarial origin; remembers the epidemic spoken of twelve years ago, and the confinement of both epidemics to the malarial season, and their subsidence on the approach of cold weather; has tried antiperiodics, but did not note results; thinks it was more prevalent in the country than in Cheraw, where he resides; thinks a greater number of whites were affected than blacks in proportion to population.

The author has had occasion to note the marked prevalence of ophthalmia in sections of country notoriously malarial, and from personal knowledge can attest to its great prevalence in Arkansas and its almost universal existence upon the waters of the St. Francis, Cache, and White rivers of that State, than which it would be difficult to find a section in the United States more dangerously malarial. In that section it is very obstinate, more prevalent among the males, who undergo fatigues and exposures to the vicissitudes of climate. Indeed patients are often compelled to change climate before a cure can be effected under any treatment.

The Egyptian ophthalmia, occurring as it does in one of the most unhealthy climates, rendered so doubtless by the annual overflow of the Nile, probably owes its origin to similar causes as that producing the disease in the delta of some of the tributaries

*While in Charleston recently I expressed to Prof. F. Peyre Porcher my belief in the common origin of the epidemic ophthalmia we have had in South Carolina the past year and malarial fever, which also prevailed to an unusual extent. Dr. Porcher urged me to write on the subject and publish in your journal, and with your permission I adopt his suggestion. What I send is the result of clinical study of the subject. I am not aware of these views being entertained by any one but myself and those who have spoken in this article.

of the Mississippi, where an annual overflow occurs, and ophthalmia can be found, as we have seen, in greater virulence than in any other section of our country.

Egyptian ophthalmia is said to be caused from the bright sands of the desert, and small particles of the same floating in the air coming in contact with the eye, thus giving rise to irritation, the starting-point. The sands of our own coast, under all the above conditions, have not been recognized as a factor in the production of this disease. Perhaps the essential cause does not exist in sufficient degree on the beach, where the air is of the greatest purity from salt water.

Since the above was written I have had occasion to speak of my impressions of the etiology of this disease with several members of the profession, as well as with the heads of families who suffered with it; the latter, many of whom were very intelligent and observed the cases throughout, say they could not cure the eyes till they had given quinine and stopped the fever. Relapses were frequent and showed a preference for certain days, as malarial fever does, and the ophthalmia was the first to show the good effect of quinine. Regular exacerbations frequently occurred, and they generally suffered most at night or in the evening, being thirsty and nauseated, sometimes vomiting.

I have written inquiries to several physicians, and append some of their views in addition to those quoted at the beginning of this article.

Dr. Howe, of Columbia, under date of December 11, 1882, writes: "I have seen no evidence of malarial influence in the recent epidemic of ophthalmia; all cases treated by local applications as usual with favorable results. Gave no anti-malarial treatment except when indicated for other symptoms. As far as this section is concerned, it would be more than difficult to say malaria was the cause. There has been no difference as to race. All colors and ages seemed to be equally affected. Town no more exempt than the country."

Dr. Cowles, of Johnsons, Edgefield County, S. C., on December 15, 1882, writes: "I have treated a great many cases of ophthalmia, or purulent conjunctivitis, as I prefer to call it, in connection with malarial fevers, but I have failed to see any specific connection between the two affections. Whites and negroes were affected about alike, filth fostering the disease." In his two worst cases he used both restorative and local remedies. It was highly contagious.

Dr. F. L. Parker, Charleston, writes, December 21, 1882: "I would say to each of your inquiries, The epidemic of ophthalmia was due to atmospheric influences not easily explained; was contagious, generally mild, with tendency to recovery with the simplest treatment or none at all. The bad cases were due to improper applications. Malaria had nothing to do with it. There were no exacerbations. It was more prevalent in the country than in the city. Cold weather did not stop it. It stopped with cold weather because the material was nearly exhausted."

Dr. Munroe, of Marion, S. C., writes, December 26, 1882: "I am satisfied there was malarial connection between the epidemic ophthalmia last fall and the prevalent fever, both being of an intermittent type, and requiring anti-malarial treatment. I think their origin the same. The anti-malarial treatment relieved every case. Did not observe any preference for race or locality. Do not remember a similar epidemic about twelve years ago in my practice."

Dr. R. B. Maury, of Memphis, Tenn., writes, January 15, 1883: "I will state that it has not happened to me to observe any well-marked relationship between malarial diseases and ophthalmia. Dr. Gross, of Philadelphia, if I am not mistaken, expressed his belief in the dependence of that form of ophthalmia resulting in granular lids upon malaria. Whether this theory is generally accepted or not I do not know."

Dr. Holt, of New York, under the head of "Symptoms and Diagnosis of Malaria in Children," in the American Journal of Obstetrics, January, 1883, says: "My own experience abundantly confirms the statement made by Schmiedler, that there is scarcely any disease so changeable, so obscure, and so indefinite as intermittent fever in children." Hence the difficulty of many in recognizing our epidemic (ophthalmia) of last fall as malarial. More children than adults were affected. In some cases only one eye was affected. In some families only one patient out of several children had it, although all used in common the same bowls and towels.

FLORENCE, S. C.

MILK, allowed to remain at a temperature of 100° in a water bath for two hours, will keep sweet and pure for at least six months. It is important to seal it up before placing it in the water bath.—*Pharmaceutical Record.*

CHLORAL POISONING TREATED BY STRYCHNIA.*

BY B. W. STONE, M.D.

December 13, 1882, Tom K., a strong, outdoor, colored lunatic, of good disposition and habits, aged about fifty-five years, insane twenty-five years, stole from his attendant's room a two-ounce vial containing a solution of hydrate of chloral, thirty grains to the dram, from which only one dram had previously been removed. Chloral was manufactured by E. Schering, of Berlin. Patient had not taken a narcotic for five years, and is not suicidal. At 7 A.M., in the presence of a highly improved and reliable patient, he swallowed the remainder of the contents of the vial, leaving only about fifteen minims at the bottom. The quantity taken could not have been less than four hundred and twenty-five grains, and may have been four hundred and thirty-five. Stomach previously was entirely empty, with the possible exception only of a draught of water. Bowels and bladder had been evacuated a few minutes before.

Within five minutes after the chloral was taken the patient was profoundly under its influence. When I first saw him hardly twenty minutes had elapsed, yet efforts to arouse him from sleep were futile. I immediately attempted to administer a twenty-grains solution of sulphate of copper, and found apparently complete paralysis of the muscles of deglutition. No part of the solution passed into the stomach. Respiration was uninterrupted, and a quantity of the solution found its way into the lungs. Failing with the emetic, I immediately attempted to evacuate the stomach by the stomach-pump. The tube passed into the esophagus easily; but as soon as the posterior wall was reached respiration ceased, and pulse showed decided tendency to failure. I at once withdrew the tube. Artificial respiration had to be employed vigorously for several minutes before the function was re-established naturally.

Pulse of patient when first seen was 98, and regular; respiration 16, and somewhat stertorous. After attempts to evacuate the stomach, pulse rate increased to 120, intermittent and feeble; respiration 16, and shallow; stertor increased. Ten minutes later pulse improved, and a second attempt was made to introduce the stomach-tube. Precisely same effects upon respiration and pulse were produced. A few minutes subsequently the posterior wall of the fauces was merely touched by the finger, when alarming symptoms affecting respiration and pulse were at once exhibited. It was noticed at this time and throughout the management of his case that any motion of his head or other parts of his body had a marked effect upon the pulse, especially increasing its rate. Notwithstanding this cardiac irritability, there seemed to be a complete paralysis of voluntary motion. No muscular resistance could be excited by any sort of passive movement. All these effects are different from those seen in opium poisoning. I considered it prudent after this to make no further attempts to evacuate the stomach, on account of the peril to which my manipulations subjected my patient. I may have been influenced in this decision by having twice before seen more than one half the quantity of chloral hydrate which this patient took swallowed without fatal results.

The patient's condition excited little alarm for nearly two hours after the potion was taken. He was profoundly unconscious, but exhibited no tendency to failure when allowed to rest quietly. Pulse at 8 o'clock was only slightly feeble at 100; respiration 17; surface temperature scarcely affected.

8:15 A.M. Same condition, except respiration fell one act, and exhibited stertor. Faradization in the course of the phrenic nerve was employed with little effect.

9:5 A.M. Pulse became intermittent, feeble, frequent, and difficult to estimate. Respiration irregular, shallow, stertorous, and about of normal frequency. Extremities cool. Administered hypodermically one dram of whisky, and applied warmth to legs and back.

9:55 A.M. No improvement in respiration; pulse more frequent, feeble, and irregular; extremities cool; lips blue; and condition generally alarming, auguring speedy dissolution. I had expected to use digitalis hypodermically in the management of the case, with stimulant enemata, warmth, and friction; but at the suggestion of my colleague, Dr. Eager, I adopted Fothergill's plan of hypodermic injections of strychnia. I injected at this time a solution of one thirtieth of a grain of the sulphate, and at 9:40 A.M. one twenty-fourth of a grain. In two or three minutes after the second injection respiration became easier, and the pulse stronger and more regular.

10:45 A.M. Pulse again became more feeble and irregular; respiration stertorous, and seriously impeded by the accumulation of

* Read before the Christian County Medical Society.

secretions within the air-passages; cool surface and trembling of the entire frame, due probably to the lowered temperature. I injected one twenty-fourth of a grain of strychnia. Improvement of pulse and respiration followed in less than five minutes afterward.

10:45. Respiration about normal in frequency; pulse again becoming irregular and feeble. One twenty-fourth of a grain of strychnia was injected. Pulse soon improved in strength and regularity.

11:45. Pulse again irregular, rapid, and weak; respiration 20, with very little stertor. I injected one twenty-fourth of a grain of strychnia. Pulse became stronger, and frequency was markedly diminished in a few minutes. At this introduction of the hypodermic needle the patient exhibited indications of experiencing pain. Previously he seemed insensible. After the last hypodermic injection, twitching of various muscles, especially of the neck and face, became decidedly marked; and subsequently, no imperative indications arising, no more injections were employed. Pulse at this time (11:45 A.M.) was 104, respiration 20, both regular. Has coughed several times since last hypodermic, clearing the trachea of secretions which had accumulated and had not previously been expelled on account of impaired reflex excitability.

12:5 P.M. Pulse 108, slightly feeble and irregular; respiration 22. 12:10 P.M. Pulse stronger at 106. Nothing had been employed to improve it. 12:40 P.M. Pulse 120, respiration 22, and labored. Fluids accumulate in the air-passages; relieved by feeble coughing. Extremities cool. 1 P.M. Pulse 106, respiration 22, and easier. 1:10 P.M. Pulse 108, somewhat feeble and irritable; respiration 22; cough occasionally. 1:20 P.M. Pulse 104, respiration 22. 2 P.M. Pulse 108, respiration 20, both regular. 2:30 P.M. Pulse 112, respiration 24. 2:45 P.M. Pulse 112, respiration 22. 3:15 P.M. Pulse 116, respiration 22. 3:35 P.M. Pulse 116, respiration 22. 4:35 P.M. Pulse 120, respiration 22.

At this observation perspiration was noticed, near the wings of the nose especially, for the first time since the medicine was swallowed, and the patient moved his head, arms, and legs, apparently half consciously. 4:55. Pulse 122, respiration 22. Patient yawns, sighs, and groans occasionally. Skin generally shows more evidences of reaction. 5:10. Pulse 122, respiration 22. Patient now being loudly called by name, answered by a grunt, evidently indicating recognition of the call. 5:30 P.M. Used catheter; and found less than a tablespoonful of urine. None has passed since 7 A.M. 6:10. Pulse 110, respiration 21, both regular. 7 P.M. Pulse 108, respiration 20. 7:30. Pulse 106, respiration 22. Patient restless; groans occasionally; sits up in bed unsteadily; tries to get on his feet; talks indistinctly; took water into his mouth, but could not swallow it after ten minutes' trial, though anxious to do so. 9:40 P.M. Pulse 108, respiration 20, and easy. Patient walked with little aid to the water-closet, and evacuated his bowels and bladder.

December 14th, 8:30 A.M. Pulse 96, respiration 18. Tongue red at edges; tenderness over the stomach. Patient prefers not to keep his bed; has taken milk only for breakfast, as was ordered on account of probability of gastritis having been excited by the saturated solution of chloral swallowed on an empty stomach. 5 P.M. Pulse 85; tongue still red at the edges, furred in the center; tenderness of stomach not diminished.

December 15th, 9 A.M. Symptoms all improved.

The case we have related illustrates the great power of strychnia in re-exciting the nervous energies of the heart and lungs after they have been dangerously paralyzed by chloral. The prompt effect of each hypodermic at the most critical periods goes far toward establishing the physiological antagonism of the two drugs. The earlier hours in the progress of the case were characterized by more profound impairment of respiration. The frequency, force, and depth of the acts were invariably improved by the injections of strychnia, and the secretions accumulating to an alarming extent in the lungs were gradually removed. The hypersecretion was doubtless due to the vasomotor paralysis. The circulation did not show the same speedy and continuous improvement as did respiration. The latter gave no concern during the later stages of the case, while the weakened, rapid, and irregular heart's action continued, in gradually diminishing degree, to exhibit the paralyzing effect of the chloral for full twenty-four hours.

As to the effects of chloral upon the brain, consciousness was in complete abeyance for about ten hours, and was not fully operative for five hours more. The unnatural disposition to sleep lasted about thirty hours.

The activity of the skin was greatly impaired, and the surface temperature was markedly reduced. It is regretted that in

the earlier and specially important part of the management no thermometer was at hand and no record made of temperature.

The suppression of all action of the kidneys is noticeable, as well as its speedy resumption when general improvement set in.

Some of the authorities advise a similar plan of management in cases of chloral poisoning to that practiced in opium poisoning. In the light of our case, such advice would be mischievous. Instead of passive motion, flagellation, etc., so useful in opium poisoning, complete rest of the body is imperatively required to sustain the weakened and struggling heart. Electricity, of first importance in the treatment of opium poisoning, was apparently of little value here. In opium poisoning passive motion excites muscular resistance and tension and even violent exhibition of more than ordinary strength. In the profound paresis affecting especially the entire voluntary muscular system, produced by chloral poisoning, no such resistance would be possible. Atropia, much lauded in opium poisoning, was not tried, but would probably be of service in chloral poisoning.

Dr. Fuller, of England, reports an adult woman killed by thirty grains of chloral. Dr. Jolly's case died the fifth night, after having taken seventy-six grains every night at bedtime. Levenstein saved a man with strychnia who had taken three hundred and sixty grains of chloral. Dr. Eshleman, of Philadelphia, reports a recovery after four hundred and sixty grains had been swallowed. Dr. Madigon, of the New York City Lunatic Asylum, reports recently an ounce of chloral taken by a lunatic, a part of which was removed by the stomach-pump. The man recovered (without other treatment, if the case is fully reported,) after a sleep of forty-eight hours. This is the only case I have seen reported where the stomach was even partially evacuated, whether by the stomach-pump or emetics. The employment of either in our own case we believed to be dangerous and unwarrantable. Owing to this opinion of ours, and to our failure to remove from the stomach one of the four hundred and twenty-five grains of chloral swallowed by our patient, we are enabled to present a more interesting report to the profession.

HOPKINSVILLE, KY.

THE Kentucky State Medical Society will meet in Louisville on Wednesday, April 4.

TETANUS.

BY W. M. FUQUA, M. D.

In publishing this paper my object is simply to place on record sixteen additional fatal cases of tetanus, ten of which occurred in my own practice within the last twelve years, and the remainder were seen with my professional brethren. I wish, also, to call the attention of the profession to the use of camphor in this fearful malady, not because it cures, but because it, in my hands, better controls the tetanic convulsions than any other remedy; nor are we in danger of doing injury with it as with the more potent agents soon to be mentioned. All of these cases were the direct result of some traumatism except one, the result of frost bite. They occurred at all seasons of the year, and at all temperatures. Some appeared in dry weather, others during wet weather. No case appeared later than twelve days after injury, and none occurred earlier than two days after the injury. Each one of these cases would have served as a typical case. The onset of the disease was most insidious, gradually deepening, going from bad to worse until death occurred as the result either of exhaustion or spasm of the glottis. No remedy used seemed to exercise but the feeblest control over the tetanic condition except the chloroform inhalation, chloral, and especially camphor. Bromide of potash and ammonium, calabar bean, morphia, strychnia, arsenic, valerian, asafetida, sulph. ether, alcoholic stimuli were all brought into requisition in the management of these cases, but without the accomplishment of one iota of good so far as curative means were concerned. Atropia seemed to be of service in stimulating the heart's action and sustaining the respiratory nerve-center. Morphia often gave temporary comfort and induced sleep. Counter irritation along the spinal column seemed to be of no advantage, and in two cases seemed to increase the opisthotonus. The application of cold along the spine gave no comfort or relief, and was often discontinued at the request of the patient. Warm baths proved agreeable and refreshing, and often induced sleep. Amputation of the thigh in one case (the result of gunshot wound of knee-joint) was followed by marked relief, indeed, complete cessation of the convulsions, and the hope was indulged that he would recover, but after a few days slight opisthotonus supervened,

with light tetanic movement, and after ten days this youth of sixteen years succumbed to exhaustion.

In another case a lovely and beautiful girl of twelve summers, having tetanus from contused wound of the index finger, which was amputated, died a few minutes after recovering from the chloroform inhalation while endeavoring to take a few swallows of milk. This death resulted from spasm of the glottis. I have never used woorara, because it could never be obtained, nor have I used the gelsemium.

In this county there are only two well-authenticated cases of recovery in the last twenty-five years. One occurred in the practice of the late Dr. Jno. Fraser, of Lafayette; the other was treated by Dr. R. W. Gaines, ex-president of the Kentucky State Medical Society. The latter case was related to me by the patient himself, a Mr. Quisenberry, whom I attended in his last illness.

During my service upon the medical staff of the C. S. Army for four years it was my misfortune to see a number of cases of tetanus. All proved fatal. My father, who practiced medicine for half a century, never saw a recovery, and no well-authenticated case ever came under his observation.

I know personally of no case occurring as the result of a tenotomy, osteotomy, or from a simple fracture of a bone. It would seem that this is a germinal poison perverting and vitiating the functions of the nervous system, probably making its impression thereon through the agency of the blood. Therefore in the future we must look to the germicides, I think, with better hope of success than to any of the agents in popular use in this disease. I would suggest iodoform, carbolic acid, and permanganate of potash, to be used hypodermically, with the internal use of the hyposulphite of soda, and the convulsions to be controlled by giving chloral and camphor combined in full doses, both per orem and per anum. The adoption of this latter treatment can certainly be based on better theoretical grounds than by any of the older methods.

HOPKINSVILLE, KY.

FOOT-WARMERS.—A French scientific experimenter and discoverer of the system of heating with crystalline acetate of soda has demonstrated the very slow cooling of foot-warmers filled with that substance as compared with the ordinary warmers heated by hot water.

Miscellany.

KENTUCKY STATE BOARD OF HEALTH.—The attention of both the public and the profession has recently been directed to this organization by the secular and medical press of Louisville. The board was by no means prepared by virtue of past services, efficiency, or a judicious management of its affairs to stand criticism or comment, and hence has suffered. Indeed, to those members of the profession cultivating a laudable pride in professional work in behalf of the public, it may be said of the board, as was said of the defendant in the celebrated Bardell-Pickwick law suit, "the subject presents but few attractions." It has been discovered that one member of the board has never attended a meeting since the organization of the board. Another member has not attended for a year or more, and the quarterly meetings of the board failed for want of a quorum two or three times during the past year. The annual report of last year came out bristling with errors concerning the ordinary lessons of vital statistics, as well as in other matters relating to the public health. The major portion of the appropriation intrusted to the board goes to the salary and office-rent of the secretary, which official has recently delivered two popular lectures on public health in the State. With this exception the board has done nothing in the interests of the public health or sanitary science. Very naturally, a bill to increase the appropriation and powers of the board failed at the last session of the General Assembly. In consequence of recent comments and criticisms upon the inefficiency of this organization, a convention of county and local boards was called by the State Board to meet in Louisville on the 7th inst. This convention proved an utter failure. Only ten or fifteen persons were present, and not more than four or five of the one hundred and thirteen counties in the State were represented. The lack of co-operation and confidence thus evidenced by the profession of the State is much to be regretted. It is to be hoped that the board may by earnest work demonstrate its efficiency and thereby elevate the cause of sanitary science in the public esteem.—*The New York Medical Record.*

CONDENSED MILK AND INFANTS is the heading of a communication in a foreign exchange. It smacks of epicurean cannibalism.

MALARIA AND SEWERS.—The following, from the Pacific Medical and Surgical Journal, tells the story of all cities. "Whether rising as the mists rise, whether sinking as the rains sink, Hiawatha saw not, knew not; only knew that it had vanished." Such, very much, is our knowledge of the origin, departure or non-appearance of disease:

A year ago there was an extraordinary mortality in San Francisco. Some of the newspapers undertook to explain the cause, which they had no doubt was sewer-gas. The sewers were not in good condition and wanted cleansing. But cleansing the sewers did not diminish the mortality, nor was there any thing in the climate in the way of temperature, moisture, wind or storm, that would afford a satisfactory solution. So things went on until the death-rate gradually fell and reached its old minimum in the present winter. Our return to the former excellent sanitary condition has no visible cause. The winter has been remarkably cold, with the prevalence of a northerly wind, and this would have afforded a ready explanation had there been an increased mortality instead of the opposite.

The habit of many persons to attribute to sewer-gas or insufficient drainage or polluted water every marked increase of the death-rate is a bad one. Settling down in this conclusion they look no further. That evils arise from the causes above named we freely admit. But there are latent causes which thus far have eluded detection. The high death-rate of a year ago was not confined to San Francisco. It prevailed elsewhere, with sewers and without sewers—with good drainage and without it. It prevailed in fact throughout the State and in the Pacific region generally. This showed that it was not due to local causes, but to an extensive epidemic influence. The causation and nature of this epidemic influence are as yet involved in mystery. Sanitarians must direct their inquiries to the searching out of occult causes if they would place the subject on a firm basis. Electricity may have some agency—or that subtile something called ozone.

A curious fact bearing on the subject comes to us from Memphis. That city was terribly ravaged by yellow fever and cholera a few years ago. It gave a permanently high death-rate from year to year. On investigation, the cause became apparent. There was no regular sewerage. All the filth of a large city had accumulated on its soil. The citizens determined on a thorough purification and a perfected drainage and sewerage. At great cost a complete revolution was effected, and there was established what was supposed to be an excellent sanitary condition. And now we are informed that the death-rate of Memphis is not diminished—that it is as high as it was before the purification and sewerage. Such facts as this the sanitarian has to encounter frequently. The problem is not yet nearly worked out. There are secrets yet to be discovered.

THE FUTURE OF MEDICINE.—Dr. Fothergill, in the Medical Times, thus quotes from a recent address by the learned Dr. B. W. Richardson, of London:

You have a race to run with the general public, and if you do not take care it will get ahead of you and undermine your curative skill altogether by leaving you nothing to cure. You may boast of your physiological learning; but where will it be if the people get it up for preventive purposes as heartily as you? You may boast of your pathology; but where will that be if the causes that beget it are removed wholesale? Think only of the book of pathology that will be closed to you when the use of only one disease-producing agent, *alcohol*, is, as it surely will be, thrown entirely out of use, and such like other evil agencies that are entirely under human control. You may boast of your materia medica; but how long will that be wanted when men are wise and call for it as reluctantly as the members of the faculty do themselves when out of health? You may boast of your diagnosis, your prognosis; but when pathology is wanting, and materia medica is a ghost, of what use are they?

HOURS OF DEATH.—Dr. Haviland, from a collection of over five thousand deaths, concludes: "In one thousand deaths in children under five years of age, the period of the greatest mortality took place during the hours between 1 and 8 A. M.; and there was an extraordinary immunity during the succeeding hours. Between 9 and 12 P. M. the rate of mortality was at its minimum."—*Dr. Sprechor, in Pacific Medical and Surgical Jour.*

OLD PEOPLE.—A lady aged one hundred and seven years died in Louisville last week. She was born in Ireland, but had resided here more than sixty years. Another, aged ninety-three, died in the city a few days since. And Dr. Graham, the companion of Daniel Boon, walks our streets in his ninety-eighth year.

"CATARRHAL" ULCERS.—At the meeting of the Berlin Medical Society on the 26th of January considerable interest was excited by the reappearance of Prof. Virchow, who held forth on the subject of "catarrhal" ulcers before a crowded audience. The gist of the address was to point out the erroneous nomenclature into which we had fallen, and which was probably to be largely attributed to the influence of Felix Niemeyer's well-known text-book. The course of argument followed out by Virchow consisted in this: Catarrh is essentially a disease of the superficial layers of the mucous membrane proper, and may lead to an *erosion;* but erosions are not ulcers. To produce the latter it is necessary that something more should come into play, and that may be in some cases an external agent, such as the diphtheritic poison, or some deeper form of inflammation, *e. g.* of the laryngeal perichondrium. Now catarrh is essentially a superficial complaint. When ulceration sets in the morbid process is no longer superficial, *i. e.* catarrhal, and hence the reason for Virchow's contention. In other words, simple catarrhal inflammation never, *per se*, leads to ulceration in a healthy subject.—*Medical Times and Gazette.*

SKEPTICISM IN MEDICINE.—Certainly he who has not faith, and does not use in the spirit of faith, properly guided by careful consideration and an ever-increasing experience, opium, ipecacuanha, mercury, arsenic, antimony, ergot, iron, zinc, phosphorus, bismuth, and their preparations, chloral, croton chloral, aconite, belladonna, sp. eth. nitrosi, sp. eth. sulphurici, quinine, iodide and bromide of potassium, and many other drugs, can never be a thoroughly successful practitioner in the curative results of his practice; nor can we believe him to be a happy one, if possessed of a conscience, since he must see many cases, that in other hands might do well, go from bad to worse, and end fatally in his. Instead of lowering the estimation in which our materia medica is held, increased knowledge is likely to carry it to a still more honored position, when the powers of each drug, from accurate observation, become more thoroughly defined.—*The Medical Press.*

A NEW YORK STATE MEDICAL SOCIETY. The conviction that this great State must have a medical society, in affiliation with the American Medical Association and the best physicians of this country and Europe, is becoming more general and profound. That the merest fraction of the medical corps of this State is to dominate the entire body, to disrupt, degrade, and disgrace it, no one can believe; and physicians of the State will deserve ruin and disgrace if they passively submit to be thus outraged and trampled upon. It needs but a strong "call," and the new State society, supported by the whole country and all the medical press (two journals excepted), would spring into vigorous being.—*Gaillard's Journal.*

DARK WAYS OF SOME NEW YORK DOCTORS.—A bill was recently introduced into the New York Senate by Mr. Pitts to prohibit medical societies from adopting rules forbidding practitioners from conferring with others than those of their own school of medicine. This looks like a desperate endeavor on the part of those New York specialists who are itching to consult with all sorts of irregulars in order to increase their income.

THE days of emotional music, as well as emotional preaching, are fast dying away, and soon physicians will cease to classify music as basilar, but perceive that it is in the highest degree cerebral—cease to associate it with the passions, but perceive in it the light of the most exalted reason.—*Dr. Tucker, in Chicago Med. Jour. and Ex.*

If this be true, it is unfortunate both for religion and music, as well as for the race. However, it is absurd.

DR. CATHELL says: Some people, indeed whole families, who will idolize the doctor as long as he is lucky and has neither unfortunate cases nor deaths in their families, will turn as rudely and maliciously against him as soon as either occurs as if he kept the book of life, and controlled the hand of God.

EVERY physician will and ought to make observations for himself, but he will surely arrive at the soundest judgment who compares what he sees and what he reads together. Were it not for this, the oldest physician would always be the best practitioner, and there would be no difference, in respect to the theoretical part, between an old woman and the most regular professor.—*Dr. Friend.*

A FAVORITE WATERING-PLACE—A modern dairy.—*Exchange.*

The Louisville Medical News.

Vol. XV. SATURDAY, MARCH 24, 1883. No. 12.

LUNSFORD P. YANDELL, M.D., - - }
L. S. McMURTRY, A.M., M.D., - - - } Editors.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITORS OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

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THE CODE OF MEDICAL ETHICS.

The recent action of the New York State Medical Society by which the honored Code of Ethics of the American Medical Association was abandoned, and the so-called new code, which is almost no code, adopted, has not been received by the profession in any portion of the country with favor. Indeed, the two medical journals in New York which have advocated the movement for more than a year past have not been at all enthusiastic or exultant over the steps taken at Albany last month. It may be the protest of such a large and repectable body of physicians as was presented at Albany, together with the open and expressed disapproval of the new code from such men as Flint, sr., Gaillard Thomas, Alonzo Clark, Sayre, Hutchison, Squibb, and others, has dampened the ardor of the advocates of this movement. The profession of the United States has from the beginning placed only one estimate on the motives which have actuated this movement, and the proceedings of the recent meeting at Albany confirmed this view. The position assumed by the New York State Medical Society is altogether untenable as a State society, though the specialists who have been so active may sever their connection with the profession. The State Society will either revoke its recent action or lose the best elements of its membership. Then we shall see the organization of a new State society, by which the profession of New York will be in affiliation with that of the whole country.

In the meantime the subject of medical ethics is being very thoroughly discussed in New York. The last number of the New York Medical Journal contains the first of a series of articles on Medical Ethics and Etiquette, from the pen of Professor Austin Flint, sr. The friends of sound medical ethics, and those who wish to see the honor and dignity of the profession upheld, could intrust the cause to no hands more trustworthy or true. Prof. Flint is by no means provincial, and he is known and respected every where for his probity, honor, and fair-dealing. And this, together with his well-earned distinction as a practitioner and teacher of medicine, renders him peculiarly fit for presenting the subject justly and forcibly.

Concerning the origin of the Code of Ethics of the American Medical Association, Prof. Flint gives the following account, which is as interesting as it is instructive:

> Prior to 1847 the codes of medical ethics which existed in this country were instituted by State or local societies, and in many, probably in most, of the States of the Union there were none. At the convention which resulted in the organization of the American Medical Association, in 1847, a committee, of which the late Isaac Hays was chairman, were instructed to report a code of ethics. This committee reported a code which was adopted unanimously, and from that date it has been recognized as the National Code throughout the whole country. With the single exception of a recent action by the New York State Medical Society, this code has remained without any material additions or modifications. It has had, therefore, the approval of the medical profession of the United States for a period of over thirty-five years. It is but justice to the memory of an excellent English physician to state that the American Code is based on that prepared by Thomas Percival, and published in 1803. Credit to Percival was given by Hays, in a note accompanying his report, as follows: "On examining a great number of codes of ethics adopted by different societies in the United States, it was found that they were all based on that by Dr. Percival, and that the phrases of this writer were preserved to a considerable extent in

all of them. Believing that language so often examined and adopted must possess the greatest of merits for such a document as the present, clearness and precision, and having no ambition for the honors of authorship, the committee which prepared this code have followed a similar course, and have carefully preserved the words of Percival whenever they convey the precepts it is wished to inculcate." Percival's Code of Ethics was prepared for a son who was about to engage in medical practice, and who died before its publication. It was dedicated to another son who was engaged in the study of medicine. In its composition, as he says in the dedication, his thoughts were directed to his son, "with the tenderest impulse of paternal love, and not a single moral rule was framed without a secret view to his designation, and an anxious wish that it might influence his future conduct." The following is another quotation from the dedication: "The relations in which a physician stands to his patients, to his brethren, and to the public are complicated and multifarious, involving much knowledge of human nature and extensive moral duties. The study of professional ethics, therefore, can not fail to invigorate and enlarge your understanding, while the observance of the duties which they enjoin will soften your manners, expand your affections, and form you to that propriety and dignity of conduct which are essential to the character of a gentleman."

MEDICAL EDUCATION IN AMERICA.

We reproduce the following item from the Medical Times and Gazette, of London, simply as an illustration of what inexcusable ignorance can accomplish, and how the unscrupulous may perpetrate slanderous injustice upon reputable institutions. If Dr. Wight has no more accurate knowledge of law than of medical education, he should beware how he speaks in public. No intelligent person, who notes the progress of education and science in America, can fail to see the marked improvement in medical education going on in America. Our institutions differ in many essential particulars from those of the Old World, and access to all the learned professions is different. There is a marked absence of governmental control in America, and the portals of the professions are more freely and readily opened. Our facilities in the best American medical schools are quite equal to those of European schools, and the average American practitioner is the peer of his brethren in any land. Access to the legal profession in America is unobstructed by either time or labor, and is a mere matter of worthless form. Yet our legal brethren are the constant critics of a system of education in medicine which is incomparably more exacting and thorough. The American medical student of to-day is unsurpassed by any in earnestness, industry and efficiency. Such statements as the following are inexcusable, and result either from gross ignorance or slanderous designs:

An American Physician on the Medical Profession in America.—Dr. O. W. Wight, a distinguished member of the medical and legal professions, and a leading medical jurist in New York, in a paper on Expert Testimony, says, "In this country we have no legitimate medical profession. Learned, able, and conscientious physicians and surgeons we have, but they are a melancholy minority in the great froth ocean of practitioners. In the United States there are nearly a hundred medical colleges, a majority of which are only chartered doctor-factories. To them flock every year green young men, many of whom could not write a sentence of correct English if the salvation of their souls depended upon the effort, who obtain certificates of study from easy-going practitioners, listen to miscellaneous lectures for twice fourteen weeks, and are graduated as doctors. The schools compete with one another for students by the ease with which they induct them into a learned profession. And this is not the worst of it. In most States an enterprising fellow who fails as a minister, a lecturer on phrenology, schoolmaster, or tin-peddler, is allowed (without any diploma) to put out his 'shingle' as a doctor; and he is pretty sure to get fools to employ him, for he has cheek, brass, push, pretension, and the audacity of ignorance. From such a heterogeneous crowd . . . parties in litigation find experts to testify to any thing they desire."

A Typographical Error.—In the last issue of the News *painful*, instead of *painless*, was given as the literal meaning of indolent. This word is constantly misused by physicians, who speak of slow-healing sores, tardy ulcers, as indolent, when really they are often very painful. Indolent is from *in* and *dolens*, absence of pain.

Correspondence.

PARIS LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

Editors Louisville Medical News:

Your readers are doubtless aware of the interesting controversy that has been going on between M. Pasteur, of Paris, and Dr. Koch, of Berlin, and which originated in the address delivered by M. Pasteur at the International Congress of Hygiene, held at Geneva in September last. It will be recollected that in that address M. Pasteur made the startling assertion that all infectious maladies were of parasitic origin, caused by the presence of microbes, and which may be attenuated by certain methods of treatment peculiar to him. The results of some of these have been before the public for some time, but Dr. Koch criticises them most severely and considers that M. Pasteur's deductions respecting the efficacy of preventive inoculations are greatly exaggerated, not to say erroneous. I can not attempt to give even a summary or brief abstract of Dr. Koch's paper in the compass of an ordinary letter. I may, however, mention that Dr. Koch condemns M. Pasteur's methods of investigation as being defective and unreliable, as he confines himself to chemical re-agents to the exclusion of the microscope, which Dr. Koch considers even of greater importance than the use of chemicals in such investigations. Another cause of error on the part of M. Pasteur is that in his preventive inoculations he does not select animals of the same species as the subjects from which the virus is taken. Dr. Koch further observes that M. Pasteur, not being, a physician or rather clinician, may be excused, as he generally acted under the influence of preconceived notions acquired by his experiments in the laboratory or on the dead body, the results of which he thus obtained he naturally concluded may, by analogy, be applied to the living organism; his experiments are therefore of little or no value.

M. Pasteur has replied to Dr. Koch's criticisms; but as his rejoinder contained nothing new or different from what he had already stated, and as it is couched in terms not over-courteous, Dr. Koch declines any further direct controversy with him, preferring to leave the questions at issue to their ulterior evolution and to be settled by more positive and comprehensible facts than hitherto given by the learned chemico-biologist.

In connection with the above, I may mention that M. Pasteur is just now engaged in putting together the various communications he has made to the different learned societies on the question of microbes and viruses to which he has devoted so much of his time and attention. All his researches on the subject will be published in a condensed form, and will, I understand, soon be laid before the public.

Another very important subject that has been occupying the attention of the learned bodies and the medical press of this country is the epidemic of typhoid fever that has been raging in Paris for some months past. I shall not trouble your readers with any thing like a detailed account of all that has been said and written on the subject. I may, however, just briefly refer to the discussion that has taken place at the Academy of Medicine on the etiology and treatment of the affection, which has already occupied several sittings, and does not as yet seem to be near the end. French physicians are almost unanimous in attributing the disease to a specific germ or virus, the nature of which is at present unknown. The greater number do not believe in the contagiousness of the disease in the strict sense of the term, but that the latter is caused by certain cosmic influences which are still shrouded in mystery. As regards the fecal origin of typhoid fever the French physicians do not deny its possibility, but they do not attach the same importance to it as a theory that their English confrères do. This skepticism, however, on this point, is manifestly shaken by the recital of cases clearly traced to the fecal contamination of the water or other substances employed by patients.

There has been a greater divergence of opinion respecting the therapeutics of typhoid fever, but this need not detain us long, as the means employed and recommended were as different from one another as were the features of the speakers. Two or three of them, however, deserve a passing notice. Professor See's sheet-anchor is quinine and alcohol, separately or combined. Professor Jaccoud, with slight modifications, employed the same treatment, and in addition he administered salicylic acid, which in many cases he preferred to quinine as, besides possessing the antipyretic properties of the latter, it is a powerful antiseptic. He did not wish it to be understood that he employed salicylic acid as an anti-parasitic remedy, as he did not believe in the germ theory as applied

to typhoid fever; and even if the theory were correct, and supposing the existence of a microbe in the system to be established, how is it to be got at? The remedies that would suggest themselves being generally of a toxic character, the remedy in this case would be worse than the disease, for in wishing to kill the microbe we would kill the patient, or it would be like setting fire to a castle to destroy a mouse.

Professor Peter is opposed to any thing like a systematic mode of treatment, which he said was inconsistent with an affection so complex in its manifestations as typhoid fever is. Besides which, there are many other circumstances that should be taken into account, such as age, sex, climatic and social conditions, etc. In fine it is a treatment of indications, or, in other words, it is the patient and not the disease that should be treated.

Prof. Peter, like his two colleagues, set his face against the use of the cold bath as practiced by Brand in Germany, and which was introduced by Dr. Glénard, of Lyons, into this country, and the experience of the generality of the French physicians is any thing but encouraging toward the adoption of such a dangerous remedy.

One of the connecting links between the medical generations of the past and present centuries has just passed away in the person of Baron Jules Cloquet, who died in Paris at the advanced age of ninety-three. He was a member of the academies of Medicine and of Sciences and Commander of the Legion of Honor. He was formerly professor of surgical pathology and hospital surgeon, and surgery is greatly indebted to him for his many works in that branch. He was also author of a voluminous work on anatomy, which he began in 1821 and completed in 1830. It was for a long time the standard work upon the subject in this country, and indeed in all Europe.

Another distinguished character has been removed from us by the death of Dr. Bertillon, which took place yesterday, the 1st instant, in the sixty-second year of his age, after a long and painful illness. Dr. Bertillon was better known to the profession by his scientific works than as a practicing physician. He was at the head of the statistical office attached to the Prefecture of the Seine, and to him we are indebted for the introduction in this country of the mortuary reports, published weekly, which, although sometimes misleading, as are all statistics, yet they rendered great service to the public as well as to the profession. He was also professor of dermatology at the School of Anthropology, in both of which branches he greatly distinguished himself.

PARIS, FRANCE, March 2, 1882.

TYPHO-MALARIAL FEVER.

Editors Louisville Medical News:

Mrs. Watson, aged fifty-four, native of the United States, lived in Dunklin County twenty-five years; had very little sickness, and is the mother of five children. She was taken on the night of the 5th of March with convulsions in her sleep. A boy who was sleeping with her aroused the family, and Dr. Van Metre was sent for. He went down Tuesday, March 6th, and found her in a stupor; had convulsions in rapid succession, epileptiform in character, unilateral, and fell in coma when convulsions ceased, and was unconscious. Sometimes there was vomiting. He reported the case to me, and wanted me in consultation, not knowing what could be the trouble. Had to send some medicine before I saw her, and gave sixty grains of chloral hydrate in fifteen-grain doses every twenty minutes until quiet, and thirty grains of bromide of potash every two hours. I arrived at the patient's house at 2 P.M., and found her very restless, delirious, pulse 96, temperature 103.4°; tongue furred; skin dry. Had no more convulsions since she took the hydrate of chloral, but was unconscious; eyes wild; pupils somewhat dilated, but responded to light, but there was great intolerance to it. I directed calomel ten grains, and twenty-grain doses of quinine every four hours, and continued the bromide, cold effusions to the head, hot bottles to the spine, calling it a case of meningitis simplex, and being not sure if it might not be cerebro-spinal. I returned the next day and found a radical change. Patient perfectly conscious, but did not remember a single item of yesterday. Calomel and quinine had acted well, restoring rationality. There was excessive pain in the right shoulder, and some in the bowels, but not excessive; tongue looked somewhat better; temperature 101°, pulse 98. Directed to continue quinine in ten-grain doses every six hours, and milk and beef tea.

March 8. Temperature 103°, pulse 100; slight tympanites; constipation; kidneys acting freely; pulse rather weak. Directed ten grains of quinine in twenty-four hours; brandy in full doses until pulse responded;

nutritious food in liquid state; injection to move bowels.

March 9. Temperature 104, pulse 102; continued treatment in expectant plan, and directed hydrarg. cum creta, gr. iii, one every four hours; arom. chalk powders, c. opium, gr. viii; gave eight powders in all, with twenty-four hours intermission.

March 10. Temperature 105°, pulse 106; treatment continued; look for crisis this day; powders did well.

March 11. Temperature 106°, pulse 108; patient apparently feeling well; considerable deafness; very tired; some indications of hypostatic pneumonia.

March 12. Temperature 104, pulse 116; more cough; continued treatment; bowels had to be moved by injections; directed more brandy; sinapisms to lung and bowels.

March 13. Temperature 103.4°, pulse 120; the left cheek considerably flushed; troublesome cough; pulse well stimulated by brandy; bowels moved, dejection contained some blood; color, yellow; tympanites about the same; more delirious while asleep, and irritable. At 6 P. M. patient suddenly became unconscious; muttering delirium. There had been an escape of gas from the bowels and involuntary action. Death ensued March 14th, at 11 A. M. I suppose perforation of the bowels was the cause.

Now note two peculiarities of this case, and explain them to me, if you please. First, I never heard of or saw a case of typho-malarial fever that began with *convulsions;* then quinine, after exhibitions of large doses, restoring the mind and producing reaction; the return of the fever and termination in ulceration of the solitary glands; no diarrhea, but constipation.

I have had a good many cases of typho-malarial fever to treat, and had some success, but I never saw one like this before. I always found them to bear quinine well, and turpentine in emulsion acted well if there was ulceration of the intestinal glands. Typho-malarial fever of late is very malignant, and generally terminates on the 9th day. Three weeks ago I lost a male case similar to this woman's, only he was not seized with convulsions, but very delirious, unconscious, and attempted suicide. Wet-pack quieted him; became delirious again, and would not swallow his medicine; used quinine hypodermically, which caused a return of consciousness, but he died of excessive prostration.

E. VON QUAST, M. D.

MALDEN, MO.

Obituary.

DR. O. O. FARRAND.

The painful intelligence of the death of this accomplished physician and eminent practitioner reached this city by telegraph on Sunday last. His death occurred suddenly on March 18th, at his home in Detroit. Dr. Farrand was only forty-two years of age, and by activity, energy, and ability had attained a position at the very head of the profession in Detroit. At the time of his death he held the positions of surgeon to the Michigan Central Railroad, surgeon to the Department of Metropolitan Police, and president of the Detroit Board of Health. In addition to these responsible public duties he did a large general practice. The profession of Detroit has met with a severe loss in the death of Dr. Farrand. His influence as a physician and as a citizen was wide and strong, and his loss will be keenly felt both by the profession and the public.

WE are constantly reminded that the home of the physician is not exempt from the common doom, and the time comes when he who holds the shield to protect others can not succor and save his own. A knock comes upon the doctor's door more peremptory than any patient's midnight summons, and the loved one is suddenly called away to return no more.

We had not recovered from the shock of the sudden death of Mrs. James T. Whittaker, of Cincinnati, on the 3d instant, when we were apprized of the severe illness and death of Mrs. W. W. Dawson, of the same city.

Both Prof. Whittaker and Prof. Dawson have many friends among the readers of the NEWS who will read this notice with profound regret, and feel the deepest sympathy with them in this great affliction. No one knows more thoroughly than the physician how desolation and wretchedness come upon a home-circle by the taking away of its central figure. To our dear friends in the midst of inexpressible sorrow, we extend our warmest sympathies.

ERGOTINE SUPPOSITORIES.—M. Liebrecht, of Liège, has found that ergotine administered in this way is very rapidly absorbed. Its action is energetic, and it provokes no pain.

Selections.

SOME DELUSIONS REGARDING THE OYSTER.—Dr. Charles L. Dana, of New York City, says, in the Medical and Surgical Reporter:

For several years the statement has gone the rounds that the oyster digests itself. Dr. Wm. Roberts first gave it currency. The theory is, the oyster has a large liver containing a diastase, and this diastase in some inscrutable way digests the whole animal under suitable conditions. Thus it has become a widespread belief that the oyster, taken into the stomach, does, by virtue of its liver, execute a kind of *felo de se*. Such a belief is very consoling when a person is committing midnight indiscretions with *ostrea edalis*, and it is unpleasant to be obliged to dispel it. Yet it is a fact, which the accompanying record of experiments will show, that an oyster has *no more self-digestive power than a man.*

The hepatic diastase referred to has no power except to change glycogen into sugar, a very trivial matter. It can not even digest the liver tissue. I have kept oysters, previously crushed between the teeth, in water (temperature 100° F.) acidulated and neutral, for hours, with no resulting digestion whatever. I have even dissected out the liver, and given it the best possible chance to eat itself; but neither the mystic diastase nor any other ferment at all effected its succulent autonomy. The oyster does not and can not digest itself.

Nor are raw oysters more digestible than the cooked. I admit that the ordinary stew is less digestible than the plate of raw oysters. The stew generally contains milk, butter, and a larger number of oysters, all of which complicates the question. Half a dozen oysters, however, roasted in the shell, or simply boiled a short time, will be digested nearly or quite as rapidly as the same number of raw. Cooking coagulates the albumen, but *coagulated* albumen may be *more* digestible than raw. Thus the white of an egg, unless thoroughly beaten, is slowly digested, and, similarly, raw beef has to be finely minced in order to be quickly affected by the gastric juice. Cooking, on the other hand, loosens the tissue binding together the muscular fibrils, and allows the peptic juices to penetrate.

Fermented liquors do not dissolve or digest the oyster. Currency has been given in the Reporter and many other journals to the following highly instructive tale: Rev. Dr. Houghton, of Dublin, clergyman, physician, and physiologist, was sitting with a friend at a restaurant. Raw oysters had been brought them. Believing, however, that it is proper, *desipere in loco*, Dr. Houghton's friend ordered brandy. He himself ordered ale. Wishing to demonstrate the wisdom of his choice and the beauty of physiological processes, Dr. Houghton poured some brandy into one glass, and ale into another, and then dropped an oyster into each. The oyster in the brandy grew hard and shriveled; that in the ale gradually melted away in a diffusible invisible solution. Moral: drink ale with oysters.

Now, Dr. Houghton's name and authority have great weight. I doubt if the incident related really occurred, yet it is widely circulated and credited. But it is quite as well, if one is bound to have bad and bibulous habits, to put them as near as possible upon a physiological basis. Therefore I venture to deny the possibility and accuracy of Dr. Houghton's alleged experiment, at least as regards American oysters. These grow hard in ale or beer, instead of dissolving.

(We omit Dr. Dana's experiments by which he arrived at his conclusions. That they are correct is easily demonstrable.)

NERVOUS INFLUENCE.—It will be remembered that, during the illness of the late M. Gambetta, Professor Charcot insisted on cheerfulness being maintained in all the surroundings of his illustrious patient, on the theory of the influence which impressions conveyed from without had, through the nervous system, upon the general health. Two illustrations strongly bearing out the truth of this theory have lately come under my notice. The first was the case of a lady of highly nervous organization, in whose house the soil-pipe had become damaged, necessitating its removal and a new one being put in its place. This, of course, had the effect of closing all the water-closets in the house for a period of twenty-four hours or more. Accordingly, the lady became greatly agitated as to what was to be done during this time, and when the time came she had a very severe attack of diarrhea.

Case 2. A young lady went out hunting, fell into a wet ditch, and, on her way home, while still in her wet habit, had lunch with a friend, and then rode some miles. The consequence was she got a severe chill, which brought on an attack of jaundice. Her sister, a young lady of highly nervous

constitution, was shocked at seeing her yellow color, and the next day went to bed, saying she was going to have an attack of jaundice; and, after she had been a fortnight in bed, during which time I could find nothing much the matter with her, the urine became tinged with bile, the motions clay-colored, the skin yellow, and she went through a regular attack of nervous jaundice. The young lady's mother is now quite convinced that jaundice is catching, which no argument of mine can alter; "for," says she, "my daughter was feverish, and was yellow; therefore she had yellow fever, which every body knows is catching." After this, of course, there was no more to be said.—*Dr. Chas. F. Hutchinson, in British Medical Journal.*

Fallacies of Analysis of Water.—The British Medical Journal thus concludes an interesting article on this important subject:

Polluting material, potent for harm, may be present in water "yielding from .00 up to .05 part of albuminoid ammonia per million" without removing it from the rank of waters of "extraordinary organic purity;" and it can hardly be properly predicated, in the case of an unknown water showing from .05 to .10 part of albuminoid ammonia, that it is "safe organically."

The lesson that appears to be taught by Dr. Cory's inquiries is, that while we must ever be on the watch for the indications that chemistry affords of contaminating matters gaining access to waters, we must (at any rate till other methods of recognition are discovered) go beyond the laboratory for evidence of any drinking-water being free from dangerous organic pollution. Unless the chemist be well acquainted with the origin and liabilities of the water he is examining, he is not justified in speaking of the water as "safe" or "wholesome," if it contains any trace whatever of organic matter; hardly, indeed, even if it contain absolutely none of such matters appreciable by his very delicate methods. "The chemist can, in brief, tell us of impurity and hazard, but not of purity and safety."

Treatment of Ulcers by Raw Meat.—Dr. R. Menger, of San Antonio, reports, in the Texas Medical and Surgical Record, the cure of two obstinate chronic ulcers which had resisted the usual treatments:

In both of these cases I now tried the transplantation of raw meat as a substitute for epithelial transplantation, and the result was, to my surprise, very satisfactory. First, the legs were well washed with carbolized water and soap, also the ulcer cleansed with warm, carbolized water; then fresh meat, freed of all fibroid and tendrous tissue, was scraped off with a sharp knife and spread, in very thin layer, over the entire raw surface of the ulcer. After this the ulcer and entire lower extremity were bandaged with carbolized bandages, having previously covered the ulcer with absorbent cotton impregnated with fresh cod-liver oil. This was done every morning and renewed every evening. The remarkable result of this treatment was, that in the evening and morning when the ulcers were re-dressed, every particle of transplanted meat was entirely absorbed, and the ulcers themselves gained healthier granulations, and their dimension was diminished. The efficiency and superiority of this treatment is based on the following facts: (1) It is very easy to apply, and a great deal easier to procure fresh, healthy, raw meat than epidermis. (2) The process of granulation is stimulated to a great extent, and the ulcer heals with a healthy and solid cicatrix on the edges. (3) The probability of inheriting morbid tissue is a great deal lessened.

Vegetable versus Animal Diet.—T. R. Allinson, L.R.C.P., Ed., writes to the British Medical Journal and to the Lancet:

Last year about this time I determined to abolish fish, flesh, and fowl from my dietary, and see how I got on without them. I found at first that the ordinary vegetables, when eaten by themselves, were almost tasteless, and after a dinner consisting of them only I did not feel the satisfaction that I did after a meat meal. In the course of a few months my taste improved, and I learned to like them; and now I can eat them just as cooked. In the same way I have lost my taste for pickles, spices, pepper, and mustard; I still retain salt in small quantity. Now my meals satisfy me every way, and I do not experience the heaviness that I did after a meat meal. I used to suffer at one time from indigestion, but I have lost that since trying my experiment. I am very fond of mental work, and I find I can work better on my new diet. My bodily powers have not decreased, for I can run and walk as well as ever. Alcoholic drinks I have lost a taste for, and even the smell in some cases is disagreeable; the same with tobacco. My bowels

are as regular almost as clock-work. I was constipated once only for a month, and that was because I was travelling and could not well get whole meal bread. I was threatened with rheumatism, and had rheumatic pains in my joints, but all those have gone. My urine was very often loaded with lithates, but now it is always clear and never deposits any; this has been so since a fortnight after beginning. It smells sweet at times, and occasionally has a mild, roast-meat odor. I have gained about seven pounds in weight during the year. My diet consists of brown bread, fruit, and a cup of coffee for breakfast; two vegetables, brown bread, and a pudding or pie for my dinner; tea consists of a cup of milk-and-water, brown bread, and jam. If I eat supper I take a little bread and water, or bread and jam, cold pudding, or boiled onions. I do not eat peas, beans, or lentils above once a month. I do not eat more food as a non-flesh eater than I did as a mixed feeder. Butter, cheese, eggs, and milk enter sparsely into my dietary. In the warm weather I eat more green stuff, and in autumn plenty of ripe fruit. My spirits are improved, and bad temper now rarely troubles me. My senses have increased in acuteness. I shall be pleased to give any information or willingly answer any queries.

Gastrotomy in the Seventeenth Century.—The *Berliner Klinische Wochenschrift* of February contains an account of a gastrotomy performed in the year 1635, at Königsberg. A countryman, six weeks previously, swallowed a table knife seven inches long. Dr. Daniel Schwaben operated by an incision just below the left costal margin, exposed the stomach, and at once felt the knife; cut down upon it, and drew it out. The stomach wound at once contracted, and does not appear to have been sutured in any way. The wound in the belly-wall was sewn up and dressed with a complicated array of balsams, lotions, and compresses. With the exception of hematuria, the man recovered without any troublesome symptom.

Castor-oil and Glycerine as a Purgative.—Mr. Wm. Soper, in the Lancet of February 10th, says: After many months' experience, I now feel justified in bringing to your notice the great advantages of a combination of the above two drugs in equal proportions to act as a purgative. Glycerine has great therapeutic value, especially in its solvent properties, and this combination renders it especially valuable. In regard to castor-oil, I think a great mistake has been made in the largeness of dose administered, and in this mixture only half a teaspoonful is required combined with an equal bulk of glycerine. In all cases of chronic constipation, hemorrhoids, and anemia, it has proved most useful. A scybalous motion is apparently emulsified, and is passed with the greatest ease. I have also given half-teaspoonful doses in the early stages of bronchitis, which seemed to promote exudation from the tubes, and it is certainly expectorant.

The Oleates.—About 1811 Chevreul discovered oleic acid. Afterward Professor Attfield's, the first English paper on the subject, was published twenty years ago. Mr. John Marshall's well-known paper was published in 1872. In 1879 Dr. James Sawyer, of Birmingham, published a paper on the beneficent effects of the oleates in skin troubles.

Spirit of Turpentine is now made from sawdust and refuse of the sawmill.

ARMY MEDICAL INTELLIGENCE.

Official List of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from March 10, 1883, to March 17, 1883.

Brown, Harvey E., Major and Surgeon, temporarily assigned to duty at Mount Vernon Barracks, Alabama, during the absence on leave of Captain T. A. Cunningham. (Par. 2, S. O. 17, Department of the South, March 6, 1883.) *Williams, J. W.*, Major and Surgeon, upon being relieved from duty at Fort Cœur d'Aléne, Idaho, will proceed to Fort Walla Walla, Washington Territory, and report for duty as medical officer of that post. (Par. 5, S. O. 24, Department of the Columbia, March 1, 1883.) *Cunningham, T. A.*, Captain and Surgeon, granted leave of absence for twenty days, to take effect from the 21st instant. (Par. 1, S. O. 17, Department of the South, March 6, 1883.) *Heizmann, Chas. L.*, Captain and Surgeon, to be relieved from duty in the Department of the South and assigned to duty at Columbus Barracks, Ohio. (Par. 8, S. O. 58, A. G. O., March 12, 1883.) *Taylor, B. D.*, Captain and Assistant Surgeon, to be relieved from duty at Fort Ringgold, Texas, and will, so soon as able, report to the commanding officer, Fort Clark, Texas, for duty. (Par. 6, S. O. 25, Department of Texas, March 9, 1883.) *Wood, Marshall*, Captain and Surgeon, is assigned to duty at Fort Cœur d'Aléne, Idaho. (Par. 5, S. O. 24, Department of the Columbia, March 1, 1883.) *Brechemin, Louis*, First Lieutenant and Assistant Surgeon, to proceed to Fort Brady, Michigan, and report to the commanding officer for duty at that post. (Par. 1, S. O. 41, Department of the South, March 14, 1883.)

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, MARCH 31, 1883.

Original.

ACUTE ARTICULAR RHEUMATISM IN A CHILD THREE WEEKS OLD.

BY J. P. THOMAS, M.D.

As rheumatism is an affection confined, for the most part, to youth and adult life, rarely occurring before puberty, it may not be without interest to report a case at so early a period of *infancy* as the title of this paper indicates. This generally accepted view, "that rheumatism is so extremely rare during infancy and early childhood," has impressed the belief upon the general profession that diseases of the heart are also of rare occurrence in childhood. Yet from observation I am convinced that both impressions are far from correct. Heart disease is, without doubt, a concomitant of other diseases incident to childhood besides rheumatism. Scarlatina, measles, chorea, and pneumonia are four diseases in which I have seen endocarditis develop. I am satisfied that this view of the subject, expressed by many writers on both rheumatism and cardiac diseases being of rare occurrence in early childhood, is not so prevalent as one might naturally infer from reading the numerous text-books. Further, it is well calculated to put the young practitioner off guard, and cause the careless observer to overlook a case of "infantile rheumatism," and certainly cardiac trouble, in the very young. For this reason principally, and because it was complicated with broncho-pneumonia, I report the following case.

Niemeyer says "the disease is rare in early childhood and old age;" Wood, "that children under ten years and adults under sixty are seldom attacked." The few cases that Senator quotes as having been reported by different observers he evidently considers as errors in diagnosis, and seems to think it very uncertain as to its occurrence during the period of early childhood, and never under four years.

On the contrary, Sir Thomas Watson says, "I have repeatedly seen it in children, sometimes as early as the third year," thus plainly implying this to be the earliest period of an attack of rheumatism; though Flint says it may be congenital and it may be inherited, yet that it rarely occurs under fifteen years.

Dickson: "I have seen it exquisitely developed in a child of three years."

West says, "Rheumatism, if less frequent in children than in the adult, is yet associated with affections of the heart in a greater proportionate number of instances in the child."

In fact, from several other writers referred to, I find this to be generally accepted as demonstrated from observation.

More recently Bartholow repeats, "It rarely occurs before seven years," and Bristowe, says that "young infants are scarcely if *ever* attacked."

That rheumatism reaches the heart in children much more frequently than in the adult, all observers know—another reason why we should more closely watch, not only every case of developed rheumatism, but be on guard, expecting, as it were, to see the heart involved in every case of scarlatina, measles, diphtheria, chorea, and pneumonia. As some one has said, "a sore throat in a child is sufficient to cause suspicion of heart trouble."

As a rule, rheumatism may not occur so frequently during infancy or very early childhood, and the aged may also escape; but it can not be that these periods of life are exempt *per se*, but simply because at these ages they are not so liable to the exciting cause, exposure to cold and the vicissitudes of weather. Exposure to sudden changes of weather, especially when accompanied by dampness, is admitted by all writers to be

the principal exciting cause, by checking the cutaneous and other excreting organs, and of course preventing proper elimination of the poison, which I believe is always present in the blood of those predisposed to, or rather those inheriting a rheumatic diathesis. That this poison, let it be lactic acid in excess, or whatever it may be—perhaps decomposed or effete tissue combined with a crasis in the blood—acts by irritation upon some one of the spinal tracts in the cord, establishing a vasomotor center, and thus develops all the phenomena of the various forms of rheumatism; for there must be a sort of stegnosis, or reflex originator, for almost every departure from health, no matter what the excitant of such center may be, mechanical, chemical, or what not. That cases of "infantile" rheumatism are not so rare as the literature of the disease would lead us to infer, I am certain from a limited personal experience. I have observed, in my own practice alone, five cases of well-developed rheumatic fever in children between one and two years of age, besides a few in the practice of confrères. One of these is especially remembered because of its disturbing complication. It is indelibly impressed upon my memory from the fact that the choreic movements so aggravated and increased the suffering of the little two-year-old patient that his death was due principally to exhaustion from intense and unbearable pain. This, like most diseases, is much more frequent among the children of the poor, because they are not so warmly clothed or housed as children of the rich. Consequently I am forced to the conclusion that the views so generally entertained by the profession, and so repeatedly expressed by the various authors of text-books, "that the very young and very old are not so liable to rheumatism," is erroneous, and not the result of clinical observation, but simply compiled from their predecessors. If necessary, I could cite a number of instances of acute rheumatism occurring in old people for the first time. It seems to me, however, that the same reasoning is fairly admissible in the case of the very old as that advanced in regard to the very young, that they labor less, and are more rarely exposed to the vicissitudes of weather, and in this way are less liable to rheumatism.

From the history and antecedents of the following case, I am inclined to think it a case of congenital acute articular rheumatism, and that the disease of the ankle and knee joints, though not recognized for several days after birth, was developed in utero. The mother, Mrs. G., is the subject of occasional attacks, in first one joint and then another, of hereditary rheumatism; once or twice of shoulders and intercostal muscles, on one occasion threatening the heart seriously.

Her father, after several attacks of acute rheumatism involving every articulation, finally died of what his physicians pronounced "rheumatism of the brain."

She has only one brother, no sister; he is also the subject of the subacute form of the disease.

Mrs. G. was delivered of a female child after a normal labor on December 23, 1882. This was her second accouchment; the first was a very severe and prolonged labor, finally terminated by forceps delivery; child male. The infant, so far as recognized, was in perfect health at the time of its birth, December 23, 1882. But on January 14, 1883, I was sent for, on account of "a bad cold, difficult breathing, and because something hurt it whenever it was moved."

I was informed by the mother (very intelligent) that "the baby had never been right since its birth;" she said, "though in apparent health, with a good appetite, and quiet and good when perfectly still—when it was moved the least bit, it invariably screamed out as if in extreme pain; that this was especially the case when its feet were grasped and the hips raised for the purpose of removing and replacing the diaper." On careful auscultation, a diagnosis of double lobar pneumonia with bronchitis was clearly made.

I suppose that finding sufficient disease in the lungs (with a very high temperature and a pulse beyond enumeration) to render the prognosis extremely doubtful in one so young occupied my attention to the exclusion of the above statement of the mother, or that I attributed it (the pain on being moved) to the soreness of the chest as result of the pneumonitis and bronchitis. At any rate I gave it no attention, but directed my treatment to the lung trouble alone.

January 14th. Skin hot, but moist; tongue coated; pulse very frequent; cough deep, but not frequent; patient very restless, tossing its hands about; thirst so great that it would swallow ravenously any liquid, medicine or not, placed to its lips. Prescribed:

℞ Carb ammonia, ... ʒj;
Aqua mentha, ... } āā ʒj.
Syrup acacia, ... }

M. One teaspoonful every hour in breast-milk.

Calomel and ipecac, each four grains, in six powders, one every three hours. To procure sleep:

℞ Potassii bromid. . . . . ℥j;
Pulv. ipecac, et. opii., ... grs. viij;
Aquæ, ... } āā ℥j.
Syr. simp., ... }
Sig.: One teaspoonful as necessary.

January 15th. Cough more bronchial and frequent; temperature less; fever not so high; still extremely restless, except when fully under the hypnotic mixture; little improvement; excessive bronchial secretion. Increased dose of ammonia and two drops fluid extract ergot to each dose; hot application to lungs.

January 16th. Cough not so moist; dry râles; fever lower; skin soft and moist; cantharidal vesicant over both lungs, and to keep covered with warm water cloths; leave off ergot; repeat anodyne oftener; continue treatment.

January 17th. Decided improvement in lung sounds; fever more intermittent; pulse 140; perspiration free; rests well under increased doses of hypnotic, but still cries when feet are touched. This morning the stereotyped question, "Doctor, what makes the baby seem to suffer so much when its feet are raised?" was repeated, and I made an examination of its lower limbs. To my surprise, found left knee and ankle very much swollen; hot skin, slightly red, around each joint; limb semiflexed, and popliteal muscles rigidly contracted. On trying to handle the limb, the child expressed by its cries extreme pain. Right limb slightly flexed, somewhat swollen, and tender, nearly as hot as left. I would parenthetically remark that there was no other thermometer than the hand used in this case, and that an educated touch is about as reliable as the average thermometers, as at present manufactured, which are unreliable, and produce more confusion in the mind of the practitioner with than without them.

Here was clearly acute articular rheumatism complicating broncho-pneumonia. The lungs still requiring treatment, and slight sore throat existing, and considering the rheumatism of secondary importance, its treatment was limited for several days to local applications consisting of flannels steeped in hot vinegar and gum camphor, except that one half grain of quinine was added every three hours.

January 18th. Resolution in lung established; only bronchial râles; very little fever; cough loose, and entirely bronchial; swelling in knee and ankle nearly disappeared; can extend limb; not much pain complained of on movement.

Discontinued ammonia and ergot; prescribed:

℞ Syr. scilla, ... ℥j;
Vin. ipecac., ... ℥j;
Syr. senega, ... ℥ss.
Mix. One teaspoonful as an expectorant.

Ordered weak toddy, and spine to be rubbed with whisky and quinia.

January 19th. Still improving; continued treatment; blister over lungs healed; no fever.

January 20th. Some fever; rather restless; left knee and ankle again swelling, notwithstanding the hot fomentations had been kept up. Prescribed:

℞ Salicylic acid, ... ℥ss;
Acetate potash, ... ℥ij;
Aquæ menthæ, ... } āā ℥j.
Syr. limonis, ... }
M. From one half to one teaspoonful every three hours.

Hypnotic and expectorant continued; stopped quinine, both internally and externally.

January 21st. So much better that I discontinued my visits for a few days.

January 23d. Still improving, except the bronchial cough was very frequent and annoying; tongue clean and appetite good; no fever.

January 27th. Was sent for, to find little patient's lungs overwhelmed with bronchial secretion so profuse as to threaten drowning; rheumatism in both lower limbs; head drawn back, right hand clawing at right side of head; rheumatism in left wrist and elbow joints; perspiration profuse, with acid smell.

The ammonia and ergot was given every half hour. An oiled feather was repeatedly twisted into the fauces and withdrawn, each time loaded with thick, ropy mucus. At one time artificial respiration was tried to restore breathing, which had entirely ceased. But by the persevering use of the feather and artificial respiration, aided no doubt by the frequently repeated doses of carb. ammonia and ergot, this suffocative stage of capillary bronchitis was bridged over, and the little sufferer saved from immediate death. The ammonia was continued every three hours, and the secretion never was excessive afterward.

January 28th. The skin became dry and hot after the breathing became natural, and the lung secretion was checked. The head

continued to be drawn backward to such an extent as to suggest cerebro-spinal meningitis; but on turning the child on its right side it was discovered that the rectus positicus, both major and minor, splenis capitis, etc., in fact all the spinal muscles, were in a state of rigid contraction; the whole surface up and down the spine was very hot and red, the left shoulder joint tumid, and very hot and tender; the spinal column itself was curved to the left. In other words, rheumatism had taken possession of nearly every muscle and articulation in the organism. A blister was painted the whole length of spine and cap of shoulder. The salicylate-of-potassa mixture continued, bromide potassa increased, with small doses of Dover's powders every four to six hours.

January 29th. Strange as it may appear, there was gradual improvement in every respect up to the 31st; on this day the head was mobile, spinal muscles relaxed and natural, knees and ankles apparently clear of tumefaction and soreness, rheumatism only recognizable in left shoulder and arm; patient looking calm and quiet, clear of fever, but still complained when its position was changed.

February 3d. Gaining some flesh; no fever; cough still rather frequent, but only sufficiently loose; appetite good; unable to use left arm; good use of both legs; looking about, and seeming to notice things. All medication discontinued except simple expectorant, and to be anointed over body and limbs with olive oil.

February 5th. Continues to improve, except not so good an appetite, probably owing to some absorption of the oil. Ordered five drops aromatic wine of iron and syrup rhei to keep bowels open, which were rather constipated.

February 6th. To-day somewhat restless; did not sleep as well as usual last night; could see no change for the worse, however. Appetite better; discharges from bowels healthy color; no tympanitis, which should have been mentioned as an almost constant condition of bowels throughout the case; but it was overlooked when taking notes of this case, except at this date.

February 8th. When on my way to visit child, passed by a neighbor, who said it had just died. On arrival, found some ladies shrouding it. Examined its body carefully, and found both shoulder-caps were drawn in toward the sternum so much that they (the ladies) found it difficult to approximate the hands over the chest. The spinal column formed a complete lateral curve to the left side. The mother stated that within thirty minutes of its death it seemed as well as usual, and had nursed heartily, and she had replaced it in the crib and sat down by it, when she noticed a "frown," as if in some pain, and then without a gasp it ceased to breathe. She immediately sent out to the barn, where the father had gone in the morning "thinking the baby nearly well," but before he could reach the house, only a few hundred yards, the life of the little one was gone.

It is proper to state that the whole period of the child's illness was during a very cold spell of weather, when with the best effort it was impossible to keep the room at an equable temperature, and consequently with the best nursing this frail organism was subjected to many shocks from cold.

Was death produced by a sudden transfer of the rheumatism to the heart? or had endocarditis been gradually developed from the beginning of the combined attack of broncho-pneumonia and rheumatism? May not the rheumatism have been developed *in utero?* We know that endocarditis may progress gradually until the valvular complications are quite sufficient to produce death without even a rise of fever.

It is also proper to state that no special attempt was made but once to try to discover organic changes in the heart, and then I thought I could distinguish from the normal heart-sounds a feeble systolic murmur; but this is not always pathognomonic of endocarditis. I have little faith in the ability of the most skillful auscultator to discover abnormal sounds in the heart of one so young.

One point in the history of this case is specially interesting, and bears a lesson with it, and that is the wonderful vitality and tenacity for life exhibited by this *gossamer* organism — twenty-one days old when first discovered sick enough to demand medical attention; from then until death, twenty-four days. Think of such an infant, not robust at first, resisting the combined attack of three of the most formidable diseases in the nosological list, and actually recovering from two of them, so that, but for the attack of the third upon the citadel of life, it would have probably lived to a ripe old age; but in this event would have had spinal deformity.

The solution of salicylic acid and acetate of potassa, as published in the American Practitioner for May, 1880, in my hands has

answered a better purpose in the treatment of rheumatism than any of the soda compounds of the acid, or the acid alone. Also in the treatment of typhoid fever I have found it in many cases invaluable. Freshly prepared, it is, first, the most perfect solution of the acid ever devised; secondly, it is not only a better antipyretic, but a considerable diuretic. But though we can often abort the disease when confined to the externals, so-called, of the body, yet, alas, we have never yet found the drug that can cope with it when the heart is its point of attack. The solution of salicylic acid, as before referred to, has really so many advantages over the other compounds of salicin that I would again call the attention of the profession to its formula, and urge them to give it a trial:

℞ Salicylic acid, ... ℥ ss;
Acetate potassa, ... ℥ ij;
Aquæ aromatic, ... ℥ iv;
Syr. limonis, ... ℥ ij. M.

Usual dose for adult in rheumatism or typhoid fever, one tablespoonful every two or three hours, largely diluted with water.

PEMBROKE, KY.

COMMUNICABILITY OF TYPHOID FEVER. ILLUSTRATIVE CASES.

BY FAYETTE DUNLAP, M.D.

December 11, 1881, a young man arrived in Danville from a Western city in the fourteenth day of well-pronounced typhoid fever. His case was a severe one, and save a relapse from imprudence in diet it ran a typical course. On arrival he was taken to the home of a wealthy gentleman, and every comfort supplied him. During his illness the bedding was soiled by excreta (feces), and instead of being thoroughly cleansed was stored away in an unoccupied room by a thoughtless servant. This was done without the knowledge of the attendants, who were more than ordinarily cautious about sanitary affairs.

During the Christmas holidays the children of the house had the members of two or three separate families to visit them. While there this unoccupied store-room was set apart for their sports, and when fatigued they were in the habit of lying upon the mattress and bedding that had been taken from the couch of the fever patient. It is to be remembered just here that no one of the six persons who were subsequently attacked had been in the sick-room.

The same children continued to use this room at intervals for more than a month, and for this reason it is impossible to arrive at any definite period of incubation from these cases.

The date of the first visit to the room was December 27, 1881, and the time of the appearance of symptoms of the first case was January 13, 1882, seventeen days from exposure. Six cases in all were traceable to this one imported case, the time of attack varying between seventeen and thirty-one days.

It is true that there had not been a typhoid case in this community for fifteen months previous to the arrival of this young man from the West, and save these six cases, originating as above stated, none appeared for months subsequently. Members of families who were at the house frequently, but who did not go to this room where the soiled bedding was, escaped entirely, as did the nurses.

The feces were properly disposed of by disinfectants and burial, and it was not likely that the water-supply was contaminated. From all that can be gathered on the subject, it is generally believed that the great majority of typhoid fever patients receive the poison by means of their ingesta, and I have given these in detail to demonstrate the possibility of its entrance through the respiratory tract. The utmost care was employed by the nurses to dispose of the feces in a way that it was not possible for the water or food to have been poisoned by them. The escape of the sick-room attendants and visitors, and of those of families whose only cases were confined to the visitors to the room where the soiled bedding was, seems to prove that this small epidemic had its origin there, and communication was made through the respiratory function. The fact that no other cases were to be found in the community subsequent to these, adds testimony that this was the focus.

DANVILLE, KY.

THE total number of deaths reported in the United States during the census year was 756,893, equal to a death-rate of 15.1 per 1,000. It is considered, however, that the actual number of deaths was, in all probability, about 100,000 more than the figures given above. The deaths from diphtheria were 38,398, from typhoid fever 22,905, from malarial fever, 20,261, and the large number of 91,551 of consumption.

Miscellany.

KENTUCKY STATE MEDICAL SOCIETY.—The Chairman of the Committee of Arrangements and Credentials, Dr. Coleman Rogers, makes the following announcement: The Kentucky State Medical Society will convene at Masonic Temple, in Louisville, on Wednesday, April 4th, at 12 o'clock M. Arrangements are made with the Louisville Hotel for reduced rates for members, and also with the Chesapeake, Ohio & Southwestern R. R. Members will purchase tickets to Louisville at full rates and be furnished return tickets at one third regular rates. That the meeting will be a success scientifically is already assured by the promise of an unusually large number of papers. It is hoped that the occasion will, at the same time, be pleasant socially.

ANIMAL AND VEGETABLE FERTILITY.—The following extracts are made from Prof. J. Matthews Duncan's lecture on Sterility in Women in the British Medical Journal of March 10th. According to the investigators quoted by Dr. Duncan captivity lessens fertility, but comfortable domestication increases it. The wild animals and plants bring forth but once a year as a rule, and bring forth sparingly. When properly cultivated, under favorable food and climate influences, their frequency and amount of production are exceedingly increased. Hybridism is rare in the wild state, more frequent in domesticity, and most frequent in captivity. This is true of plants as well as of animals. In captivity—plants in pots and hot-houses, and animals in cages—a remarkable distortion of sexual taste sometimes occurs. For instance, birds and flowers which will not procreate with their own species, will engage in fructification with entirely distinct species. Racibozski, commenting on the finer breeds of cattle requiring the male more often than inferior breeds, says, "In this is observed a singular privilege of the aristocracy of the bovine race."

INBREEDING.—If we were to pair brothers and sisters in the case of any pure animal, which from any cause had the least tendency to sterility, the breed would assuredly be lost in a few generations. Long-continued close interbreeding between the nearest relations diminishes the constitutional vigor, size, and fertility of the offspring; and occasionally leads to malformations, but not necessarily to general deterioration of form or structure. This failure of fertility shows that the evil results of interbreeding are independent of the augmentation of morbid tendencies common to both parents, though this augmentation no doubt is often highly injurious. Our belief that evil follows from close interbreeding rests to a large extent on the experience of practical breeders, especially of those who have seen many animals of the kind which can be propagated quickly; but it likewise rests on several carefully recorded experiments. With some animals, close interbreeding may be carried on for a long period with impunity, by the selection of the most vigorous and healthy individuals; but, sooner or later, evil follows. The evil, however, comes on so slowly and gradually, that it easily escapes observation, but can be recognized by the almost instantaneous manner in which size, constitutional vigor, and fertility are regained when animals that have long been interbred are crossed with a distinct family.—*Darwin.*

[So says tradition also; but Mr. Darwin is not infallible and tradition is commonly in error. The very best strains of cattle, horses, and dogs now known are closely inbred.]

TWO EGGS A DAY.—Overfeeding, or the production of obesity in the female, is well known to be hostile to fertility, to be an illustration of the opposition of individuation to genesis. By special feeding and fattening turkeys and common fowls, the henwife arrests almost completely the production of eggs. They may also be made fewer by starving the birds, and not fewer only, but also smaller. These birds, when highly fed, sometimes exhibit excessive productiveness, two eggs being laid daily, an instance of great intensity of fertility.

COCOANUT TREE.—The cocoanut for some years goes on shooting up without making any signs of becoming fertile. About the sixth year it flowers, but the flowers wither without result. In the seventh year it flowers and produces a few nuts, but these prove abortive and drop. In the eighth year it ripens a moderate number of nuts, and afterward increases the number, until, in the tenth year, it comes into full bearing. Meanwhile, from the time of its first flowering, its growth begins to diminish, and goes on diminishing till the tenth year, when it ceases.—*Spencer.*

The Louisville Medical News.

Vol. XV. SATURDAY, MARCH 31, 1883. No. 13.

LUNSFORD P. YANDELL, M.D., - - }
L. S. McMURTRY, A.M., M.D., - - - } Editors.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITORS OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

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440 to 446 West Main Street, Louisville, Ky.

THE KENTUCKY STATE MEDICAL SOCIETY.

In another column of this number of the NEWS will be found the announcement of the Chairman of the Committee of Arrangements and Credentials as to the hour and place of meeting of the Kentucky State Medical Society on Wednesday next. The annual session of the society always furnishes the occasion for a pleasant reunion of the members of the profession in Kentucky. It is highly creditable to the profession of the State that this society has been fostered and supported through so many years by regular and devoted attendance, and by valuable scientific work. It is a matter for felicitation at this time that an unusually large number of papers have been placed on the programme for the coming session, and that the attendance promises to be thoroughly representative and large.

This journal will reach its readers almost on the eve of the session, and we would earnestly recommend every Kentucky doctor to *make it convenient* to be present. Nothing is so improving and vitalizing to a practitioner as to meet a large number of brother physicians for the interchange of ideas and discussion of new methods, and for examining modern views of old methods. In addition to the pleasure conferred, it absolutely pays in a business way to embrace such an opportunity for improvement. Besides, it makes one more content with one's life and lot, and renews his interest in the profession to which his labors are devoted.

The Kentucky State Medical Society has every claim of tradition and association on the best efforts and most devoted labors of its membership. On the first day of October, in the year 1851, a convention of physicians of Kentucky was held in the senate-chamber of the State Capitol at Frankfort. Dr. W. L. Sutton was called to the chair, and Dr. Joshua B. Flint offered a resolution for the formation of a State medical society. Dr. W. S. Chipley, as chairman of a committee appointed for that purpose, reported a constitution which, on motion of Dr. S. D. Gross, was adopted. The convention then adjourned *sine die*, and the first annual meeting of the Kentucky State Medical Society was held. On motion of Dr. T. G. Richardson the Code of Ethics of the American Medical Association was adopted as the code of the society.

All the leading physicians of Kentucky at once became members of the society, and the organization thus founded soon became a great power in diffusing the knowledge of medical science throughout the State, in elevating and improving professional character and conduct, and in advancing the interests and efficiency of the medical profession in Kentucky. In the midst of the excitement and disturbance induced by the great civil war the meetings of the society were interrupted, and no sessions were held during that period of four years. As soon as peaceful pursuits were fully resumed, a large and representative meeting of the society was held in Louisville in April, 1867. From that time up to the present the society has convened with regularity, and continues to grow in usefulness and efficiency.

From the date of its organization the society has been in communication with the American Medical Association, and is annually represented by its delegates in that body. With the same earnestness it has

encouraged the formation of county and district societies throughout the State.

Until two years ago the society published an annual volume of Transactions, made up of the papers and discussions of each annual meeting. A large collection was thus made of valuable papers relating to the characteristics of disease in this region; to the study of the climatology of the State and analyses of its mineral springs; to original studies and clinical observations, and to the improvements in methods of investigation and treatment of disease and injury by means of instruments, apparatus, and therapeutic measures. These publications, together with similar publications of other State medical societies, form an important and valuable part of American medical literature. In 1879 the publication of the annual volume of Transactions was discontinued in view of the superior facilities offered by the medical press of this State for the diffusion of medical knowledge and literature. This action has given universal satisfaction, as the papers and discussions of the society are given wider circulation than by the old method, and are before the profession in a very short time after the session is held. The consequent decrease in the annual expenditure has enabled the society to establish a prize-essay fund.

In 1879 the society erected a monument over the grave of Dr. Ephraim McDowell, "the Father of Ovariotomy," at Danville. Appropriate dedicatory exercises were held under the auspices of the society, by which this great achievement was publicly claimed for American surgery. A beautiful memorial volume, containing the memorial oration of Dr. S. D. Gross, and other papers incident to the occasion, was published by the society and distributed to the members, to prominent physicians and surgeons of America and Europe, and to the great libraries and public institutions of the United States.

The Roll of Honor contains many names distinguished in the annals of American medicine, who, while living, gave to the society their devoted labors. Among them are Caldwell, Drake, Cobb, Miller, Bartlett, Dudley, Bradford, Yandell, Rogers, Bush, Breckinridge, Chipley, Foree, Jackson, and Cowling.

It behooves the physicians of Kentucky to see to it that the trust handed down through more than thirty years, and adorned with the labors of these noble men, is faithfully and worthily discharged.

MORPHIA versus ATROPIA.

Numerous instances of the antidotal power of atropia in poisoning by morphia have of late years been placed on record, so that this agent by hypodermic exhibition has become one of the standard features of the treatment of cases of opium poisoning. There are numerous verified cases on record in which lethal doses of atropia have been administered in opium narcosis with most satisfactory results. At the same time it is well known that the administration of atropia, even in profound opium narcosis, in quantities larger than one fortieth of a grain, is always attended with danger. The reverse relation of these agents, atropia and morphia, has been quite generally denied. A correspondent of the Medical Times (February 24th), however, reports a case of poisoning by the ingestion of one grain of sulphate of atropia, which was treated by the exhibition of "from sixteen to eighteen grains of morphia" hypodermically. The report also states that the patient was not addicted to the use of the drug, and that no symptoms of narcotism were produced, the patient recovering. There exists every theoretical reason for the converse action of the antidotal effect of these drugs, yet it must require an accumulation of clinical facts before such enormous powers of neutralization can be accepted as is indicated in the case mentioned. The subject, however, deserves the attention of those having opportunities to test this converse antidotal power clinically as well as by physiological experiment.

We heartily commend Major Wright's communication, which will be found elsewhere, concerning the great Southern Exposition, to our friends abroad and at home, and especially to our advertisers. This exhibition will be a noble affair, well worth a journey from world's end to world's end. Not only from the Southern States, but from the North and from the far-off lands, wondrous and useful and beautiful things will be gathered.

We have received, too late for insertion in this issue, a communication from Dr. J. N. McCormack, of Bowling Green, relative to the State Board of Health of Kentucky. We stop the press to state that this communication will appear in our next number.

Useful Recipes.

DYSMENORRHEA MIXTURE.

℞ Pot. iod., ... ℥ ij;
Ferri sulph., ... ℥ iss;
Aquæ destill., ... ℥ ij;
Tr. cardam., ... ℥ ss;
Syr. zingiberis, ... ℥ iss.

M. Teaspoonful three times a day, in a little water. Use two weeks before the period, for two periods.

This is an old formula. Originator's name forgotten. L. P. Y.

HAIR TONIC FOR GENERAL USE.

℞ Burnett's cocoaine, ... 1 bottle;
Sulph. quin., ... ʒ j;
Sulphurous acid, ... ℥ ij;
Tr. cantharides, ... ℥ j.

M. Sig. Rub well into scalp with stiff brush every morning. L. P. Y.

FOR CHRONIC CONSTIPATION.

℞ Ext. nux vomica, ... gr. x;
Ext. belladonna, ... gr. v;
Ext. colocynth co., ... ʒ iv.

Make twenty pills.

Direct. One at bedtime as often as required.

L. P. Y.

UNIVERSITY DISPENSARY TONIC.

℞ Cinchon. sulph., ... ℥ j;
Ferri sulph., ... ℥ iv;
Cupri sulph., ... gr. xxxij;
Strychnia sulph., ... gr. xvj;
Acid. sulph. arom., ... ℥ j;
Aquæ, ... O iv.

M. Sig. Teaspoonful after each meal.

Dr. D. W. Yandell formulated this in 1855. It has remained in use ever since, giving great satisfaction, being inexpensive and efficacious.

L. P. Y.

Medical Societies.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Dr. Guy Hinsdale exhibited a series of specimens of cancer involving the stomach, liver, pancreas, rectum, and lung. They were obtained from recent cases at the Episcopal Hospital.

Carl W., aged forty-four, was admitted October 23, 1882. He had never been ill before, and his symptoms had been developed during the two weeks previous to admission. His bowels were regular; he had had no vomiting but had pain at the lower margin of the left ribs, with cough and friction sounds. Cachexia was marked, the abdomen was soft, a tumor was felt in the left hypochondriac region, the spleen was distinctly felt, and enlarged. The tumor increased in size, became more tender, and pain was at times very severe. The patient's appetite was gone, and emaciation was extreme. Twenty-six days after admission death occurred.

At the autopsy, fluid was found in the pleural, pericardial and abdominal cavities. There were old pleuritic adhesions. The roots of the lungs, the base of the left lung adjacent to the diaphragm, and the pleura beneath the ninth and tenth ribs were found to be the seat of cancerous deposit. The bronchial and the thyroid glands were very much hypertrophied but not cancerous. The cardiac extremity of the stomach was the seat of an extensive cancer, but the cardiac orifice was not involved and the mucous membrane not destroyed; the pyloric end was intact. The pancreas was the seat of cancerous growth. The liver was of a dark mottled color and showed numerous metastatic growths in an early stage of development; its weight was five pounds nine ounces. The spleen was greatly enlarged and the seat of small secondary deposits. Kidneys normal. Microscopic sections of the thryroid gland showed simple hypertrophy; sections of the metastatic growth in the liver showed scirrhous cancer.

Case II. J. S., aged forty, admitted September 28, 1882. During two months previous to admission he had lost forty pounds of flesh. His skin had become very sallow, and vomiting, which at first was occasional, finally occurred after every meal. A tumor was distinctly felt on the left side above the umbilicus; it moved with respiration and was painful on pressure. Albumen was pres-

ent in the urine. The patient's mother had died of cancer of the stomach. After admission, the tumor increased in size, the patient grew weaker, vomiting frequently and passing clay-colored stools. Death occurred on the thirty-eighth day after admission.

At the autopsy, the heart, lungs, kidneys, and spleen were found in a normal condition; the stomach was very much dilated and contained undigested food. A cancer was found at the pyloric extremity. The walls of the pylorus were very much thickened, and its orifice admitted the thumb with difficulty. The liver was detached and found to be the seat of four large bosses of secondary cancer. Its weight was three pounds fourteen ounces. The gall duct was unobstructed. A microscopic section of the growth in the stomach showed scirrhous cancer.

Case III. *Cancer of the Stomaeh—Gastrocholic Fistula.* C. W., aged sixty-six, was admitted June 13, 1882. His health had been good until four months previously, when he vomited some dark, bloody matter. Pain was occasioned, and occurred after eating. Vomiting had occurred once. Jaundice began three weeks before admission; the skin was dry, and the body not much emaciated. Stools regular, but clay-colored. The liver was slightly enlarged. Distinct nodular masses, slightly painful on pressure, could be felt in the epigastric and umbilical regions. The inguinal glands were slightly enlarged; the axillary glands remained normal. There was no cough; a faint, low, systolic murmur was heard at the aortic cartilages. The urine was dark yellow (sp. gr. 1.010) and contained no albumen. Vomiting, emaciation, and jaundice progressed, the tumors increased in size, and death occurred two months after admission.

At the autopsy a cancer was found at the pylorus. A fistulous opening large enough to admit the forefinger was found to exist between the stomach and transverse colon, which were infiltrated by the cancerous deposit and adherent to each other. The caliber of the colon was small. The mucous membrane of the stomach, at the seat of disease, was ulcerated and ragged. There was no dilatation or hypertrophy of the walls of the organ. The gall-bladder was distended, and both the pancreatic and common bile-duct were obliterated. Heart, kidneys, and other organs, showed nothing very unusual. The mesenteric glands were slightly enlarged. The spleen was small, and its hilus the seat of a hard, calcareous plate; the organ was displaced, lying close against the diaphragm, some distance from the chest-wall, accounting for the perfect resonance which had been noted in the splenic region.

Case IV. *Rectal Cancer—Colotomy.* John M., aged seventy-one, was admitted to the hospital October 26, 1882. He had always been healthy until three months previously, when the movements of his bowels became irregular. The patient suffered from diarrhea. His urine was albuminous, and contained hyaline casts. He had hydrocele. He denied specific history. Exploration of the rectum revealed malignant stricture an inch and a half from the anus. On account of the patient's age, operative measures were not contemplated until the passages became very difficult, and hiccough and stercoraceous vomiting demanded relief. This was temporarily afforded by the operation of left lumbar colotomy, which was performed by Dr. John H. Packard. Death ensued twenty-four hours later.

At the autopsy the wound was found in good condition. The descending colon was opened about three inches from the point of its bending downward. An enormous cancer was found involving the rectum and posterior wall of the bladder, and nearly filling the true pelvis. All the other viscera were in good condition. Microscopic sections showed the cancer to be scirrhous.

Case V. *Cancer of the Rectum—Secondary Cancer of the Liver.* Christian H. was admitted July 6, 1882. He was emaciated, weak, and cachectic. He stated that for twenty-seven years he had been perfectly well, but that two months previously he had noticed loss of flesh, and about the same time discovered a growth at the anus which was small, but which gave him a great deal of trouble at stool. Two weeks later he noticed that his feet and legs had become swollen; but it was not till his admission to the hospital that he became aware that there was any thing the matter with his abdomen. The patient's father probably died of cancer of the stomach. The anal growth was excised, and proved to be an adenoid type of malignant disease. Vomiting, dyspnea, and sallowness of the skin increased until his death, five weeks after admission.

The autopsy showed that the liver and rectum were the only structures seriously diseased. The liver was enormously enlarged, and filled the whole upper portion of the abdominal cavity. It was slightly adherent to the diaphragm and adjacent vis-

cera, and was studded with cancer nodules varying in size from that of a filbert to that of an egg, often coalescing, and pretty equally distributed over the surface. The whitish color of these nodules was in strong contrast with the dark color of the liver, giving it a variegated appearance. Its weight was ten pounds and four and a half ounces. The walls of the rectum, six inches from the anus, were infiltrated with the new growth. This was the primary seat of disease. The secondary growth was very rapid, almost entirely painless in itself, and disturbing the patient only by mechanical irritation of the stomach and the production of edema and ascites by interference with the circulation. Jaundice did not occur.

Microscopic sections of the anal growth revealed an adenoid growth resembling an aggregation of Lieberkuhn's crypts. It was an example of an early involvement of the part. The growth higher up in the rectum was more advanced, and illustrated the encephaloid form of the disease. A section from the metastatic deposit in the liver showed a stroma of fibrous tissue with alveoli lined by epithelial cells, the peripheral cells retaining their *columnar* shape. It was an example of the reproduction in the liver of the same follicles found in the primary disease of the rectum.

MARCH 8, 1883.

Correspondence.

WAS IT MORPHIA?

Editors Louisville Medical News:

About four o'clock A.M., October 3, 1881, I saw Mr. R. K. F. He was laboring under considerable febrile and nervous excitement, and complained of cramping pains of his entire body and of jerkings like those of St. Vitus's dance; temperature 100, pulse quick and full. After a very hearty dinner he had slept till midnight, when he was awakened by the symptoms described, and sent for me. I emptied his stomach with ipecac, and promoted vomiting by tepid water until well cleansed, then gave him hypodermically one sixth of a grain of morphia and ordered the following mixture:

℞ Pot. brom., ... ʒij;
Gelsem. fl. ext., ... gtt. xl;
Aconiti, " . . . . . ʒxij;
Ipecac., " . . . . . ʒvj;
Aquæ, ... ʒiij.
M. S. Tablespoonful every two hours.

At noon I found him more comfortable; temperature 103°, pulse 110. Continued the mixture every three hours till bedtime. At 9:30 o'clock P.M. found him much more tranquil; temperature 101°, pulse 96; skin moist and perspiring. I left thermometer and a couple of ten-grain doses of quinine, with directions that, should the temperature fall to 100°, the mixture was to be suspended, and ten grains of quinine were to be given respectively at midnight and 5 o'clock A.M.

Saw R. K. F. at 5 o'clock A.M. Left him ten grains of quinine (as I supposed), to take at 10 o'clock A.M., unless the temperature should rise. I returned from the country and saw him five minutes after he had taken the medicine. He seemed much better; circulation and temperature normal.

At 1:30 o'clock P.M. was called hurriedly to see him. His wife was much alarmed; said he had n't seemed so well since taking the medicine at 10 o'clock A.M.; that for the last hour she could hardly keep him awake. I aroused him without any difficulty, found him with a small, thready pulse of 120, temperature 96°, pupil slightly contracted, no perspiration, was a little nervous and jerky, was disposed to resume his slumber when we ceased talking to him; had rather a vacant stare, with confused ideas, when awakened. By reason of a change in the arrangement of medicine in my saddle-pockets consequent on an accident a short time before, I feared, and from the indications at the time believed, that I had left through mistake ten grains of morphia instead of quinine for him to take at 10 o'clock A. M. of the 4th. I made known to the wife my fears. Three hours and a half had intervened since he took the medicine. I supposed the bulk of it had been absorbed, and believing that I would only increase the debility by an emetic, I at once gave hypodermically one fifth grain of atropia, had him to get up and dress, and the friends to walk him and do every thing to keep him awake; gave him large draughts of strong coffee and free doses of carbonate ammonia and whisky. In the meantime sent for Dr. L. We continued the above treatment, giving him two more hypodermic injections of one tenth grain of atropia at intervals of one and a half hours, with ammonia to the nostrils, sinapism to the extremities, cold douches to the head, etc. By half past three o'clock he was comatose, respiration decreasing in frequency, pulse small and rapid. Died between five and six o'clock P.M.

The man evidently died of congestion of

the brain, but as regards his taking the morphia I am not so certain. If he had taken the morphine (at least ten grains in solution) would he not have been either comatose or dead when I saw him, three and a half hours afterward. His stomach contained nothing save a very light breakfast, taken between six and seven o'clock that morning. The pupils responded promptly to the atropia, and continued to dilate until death. There was no stertorous breathing, no clammy perspiration. His pulse was rapid and small, as is not usually the case in opium poisoning. There were only two strong indications of opium, coma and diminished respiration. Might not either have intervened in intense congestion of the brain, say from pernicious fever or tubercular meningitis? Were it to do over again I should be more guarded with the atropia, give it in smaller doses, watching the pupil carefully; though, from whatever cause the congestion was set up, I believe atropia was the remedy. Would be glad to hear from the NEWS, or any of its correspondents, concerning this case.

W. H. BLANTON.

UNION, KY.

THE ASSOCIATION OF AMERICAN MEDICAL EDITORS.

Editors Louisville Medical News:

I would respectfully announce that the next annual meeting of the Association of American Medical Editors will be held in the city of Cleveland, Ohio, simultaneously with that of the American Medical Association, on June 5 and 6, 1883.

Order of Exercises, Tuesday, June 5th, 7:15 P. M.: Roll called; reading minutes of previous meeting; president's address and discussion thereon; reports of committees; deferred business; new business; election of members; adjournment.

Wednesday, June 6th, 7:15 P. M.: Roll called; reading minutes of previous meeting; address by Dr. Henry O. Marcy, of Boston; reading of special papers by Dr. John A. Octerlony, of Louisville, Ky., and Dr. Alexander J. Stone, of St. Paul, Minn.; discussion of addresses and papers; reports of committees; deferred business; new business; election of officers and members; adjournment.

The subject of the address to be delivered by the president, Dr. N. S. Davis, Chicago, is The Present Status and Tendencies of the Medical Profession and Medical Journalism. A free discussion upon this important subject is invited, which will be open not only to members, but to all physicians present. Dr. Marcy's address will be upon the subject of Journalism devoted to the Protection and Concentration of Medical and Surgical Science in Special Departments.

The secretary was authorized at the last meeting of the association, held at St. Paul, Minn., to make the above arrangements for the coming meeting, and also to specially invite all the members of the profession and friends attending the meeting of the American Medical Association to be present. The meetings will be held in the interval between the meetings of the sections of the American Medical Association and the social entertainments of the evening. The sessions will be short and undoubtedly interesting.

J. V. SHOEMAKER, M. D.
Secretary.

THE SOUTHERN EXPOSITION AT LOUISVILLE.

Editors Louisville Medical News:

The Southern Exposition will open at Louisville, August 1, 1883, and continue one hundred days. In the magnitude of its buildings and the comprehensiveness of its displays it will be the most extensive exhibition ever held in this country, with the exception of the National Centennial Exposition of 1876.

It is proposed to make the Southern Exposition complete in all its departments, so that it will have some special attraction for each class of visitors and be variously entertaining and instructive to every one who may attend.

It seems to me that here at a seat of medical learning, and a point from which every year so many instructed young men are sent out into the medical profession, it would be eminently appropriate that an exposition on the scale now contemplated should be complete in the display of medical preparations, surgical instruments, and all the appliances of the art with which the Medical News has to deal.

I invite your attention to the subject, and trust that you will present it in this view to your readers, and thus to the thousands of physicians and surgeons throughout the country who look back to Louisville as the place of their instruction.

With an expression of interest from this source, an exhibition will be presented here that may prove as valuable and interesting to your profession as the other lines of ex-

hibit already assured will be entertaining and instructive to those who follow the industries of our land.

Very respectfully,

J. M. WRIGHT,

General Manager.

LOUISVILLE, KY., March 7, 1883.

KENTUCKY PHARMACEUTICAL ASSOCIATION.

Editors Louisville Medical News:

The regular annual meeting of the Kentucky Pharmaceutical Association will be held at Lexington, Ky., Tuesday, May 15th, at 3 P.M., and continue 16th and 17th.

Owing to the removal of Mr. E. S. Porter from Eminence, the place of meeting has been changed to Lexington by the Executive Committee.

As the races take place during the meeting, members wishing to attend can secure rooms by addressing Mr. T. B. Wood, Lexington, Ky., the local secretary.

The new law will come up for discussion. It is therefore very important to have a large attendance. Let every member resolve to bring at least one new member.

GEO. A. ZWICH, *Pres't.*

A. J. ELWANG, *Sec'y.*

Editors Louisville Medical News:

A short time since I had under observation and care a case which presented so many peculiar and interesting features that many of your readers, perhaps, will be interested in its history. The case is as follows:

In the year 1875, Jas. R. began to behave in such a manner as to lead his friends to suspect that he was gradually losing his reason. At that time he was twenty-eight years of age, of robust frame, and strong constitution. Insanity was not hereditary in his family, and he had always been regarded by his associates and those with whom he had business relations as a man of good sense and remarkably clear-headed. His mental alienation first began to manifest itself by occasional attacks of extreme fear. These attacks usually came on at night; at such times he would jump from his bed and run shrieking down stairs, where other members of the family slept, declaring that a mob was after him, seeking to take his life. He would remain in this condition several hours, until he was pacified or quieted by other members of the household. They occurred, at first, not oftener than once a week, he being perfectly rational in the interval. Gradually the intervals between the attacks began to lessen, and in twelve months after the first manifestation he was adjudged a lunatic and confined in the asylum at Lexington. He remained an inmate of the asylum about one year, when he was pronounced incurable, and, being harmless, was returned to his friends. His manner had changed considerably, having become morose and taciturn, paying but little attention to any one or any thing. At length, after having been at home about a year, he took suddenly to his bed without any apparent cause, and remained there until his death, which occurred in June, 1882.

Now comes the curious part of the case. During the five years intervening between the time he first went to bed and his death, he was never known to walk a step, or even to stand upon his feet, although to all appearances perfectly able to do so. He never spoke except when a person whom he knew entered the room, when he would speak to him politely, ask him "how he came on," and then nothing could induce him to say another word until some one else came in, when he would speak to him in the same way. He would call for his meals when hungry, but was never known to ask for more than one meal a day; he took this at no regular hour, and no amount of persuasion or threats could induce him to eat more than once in the twenty-four hours, and even then very moderately. This kind of life continued for five years with absolutely no variation, he seeming all the time to be well nourished, and physically his health was excellent. On the 10th of May, 1882, he ceased eating altogether, and for *thirty-five days* no nourishment of any kind was taken, he having swallowed nothing at all during that time except a little water occasionally. No medication of any kind was employed, as he resisted all our endeavors to administer medicines or nourishment either orally or by enema. During the time of his fast up to within a few days of his death, his pulse, respiration, and temperature were normal. No cause could be assigned for his death other than starvation.

I submit the case without comment, as neither in my reading or practice have I seen or heard of one exactly similar.

WALTER P. ELLIS.

OWENSBORO, KY.

Selections.

AN INDIAN CURE FOR SYPHILIS is brought forward by our distinguished countryman, Dr. J. Marion Sims, in the British Medical Journal of March 10th. During Dr. Sims's earlier professional career in Alabama, more than forty years ago, he became acquainted with what seemed a remarkably successful treatment of syphilis by the Creek Indians, then his near neighbors. From the aborigines the slaves learned this treatment, and long practiced it successfully it is claimed. Its adoption is thus described by Dr. B. Rush Jones, of Montgomery, Ala:

There were, some years before our civil war, several obstinate cases of secondary syphilis in Montgomery, which resisted the usual remedies. They went the round of the doctors, and could not be cured. At last one of these consulted a slave, Lawson, belonging to Mr. Barnett, a planter. In despair he went to see Lawson, put himself under his treatment, and in a few weeks was perfectly cured. Soon others followed his example, and were likewise cured. These cures by an obscure negro slave, when the highest representatives of science had failed, were much spoken of and attracted the attention of Dr. George W. McDade, a very intelligent and accomplished physician. Dr. McDade, feeling great interest in the subject, went to see Lawson, and obtained the formula he had used so successfully.

Soon after this, Dr. McDade learned from Dr. James Freeny the following history of the Indian method. Horace King, a mulatto slave, resided among the Creek Indians for several years and learned their method of treating syphilis. Horace, in 1852, heard there were many cases of syphilis on Mr. Gipson's plantation, near Montgomery, and that Drs. Freeny and Banks were the attending physicians, and he called on Dr. Freeny, and told him he had learned a method of treating syphilis from the Creeks which was universally successful. He proposed to take the worst cases on the Gipson plantation for experiment. Drs. Freeny and Banks selected a number of very bad cases, and turned them over to Horace, and watched from day to day his method, while they continued their own plan with the others.

Horace's bad cases recovered more rapidly than Dr. Freeny's milder ones, and then Dr. Freeny adopted the Indian method in the other cases, and has not pursued any other plan since.

Dr. McDade says: "The remedies used by Lawson on Mr. Barnett's plantation were the same as those used by Horace King. They consisted of ten or a dozen indigenous roots, a handful of each, with a quantity of salt, alum, and iron slugs put into three gallons of water, and boiled to one gallon. Of this the patient took a half pint three times a day. There was also a decoction of roots for washing the syphilitic sores. After obtaining these prescriptions, it was a long time before I made any trial of their virtues. I was deterred by the fact that it would be difficult for any patient to drink and retain half a pint, three times a day, of such a vile decoction. The horrors of syphilis could alone inspire a man with courage to take it. However, I saw that those who did were invariably relieved, whether in the first, second, or third stage of the disease.

"Instead of adopting the so-called Indian remedy as I found it, I began by eliminating the alum, salt, iron nails and slugs, and all the roots and herbs that I knew must be absolutely inert. I selected the few among them known to possess medicinal properties; and, instead of making a decoction, as had been done before, and which had to be made in large quantities every day or two, I had them prepared in the form of fluid extracts, which places the remedy on a scientific basis, and insures uniformity of action. The following is the formula that I and my medical friends have been using for many years:

"Fluid extract *Smilax sarsaparilla*, fluid extract of *Stillingia sylvatica* (queen's delight), fluid extract of *Lapa minor* (burdock), fluid extract of *Phytolacca decandra* (poke root), āā ℥ij; tincture of *Xanthoxylum carolinianum* (prickly ash), ℥j. Take a teaspoonful in water three times a day before meals, and gradually increase to tablespoonful doses.

"In making the fluid extracts there is some risk of getting a remedy less efficient than the original Indian decoction, because the manufacturer may use roots that have been kept too long and lost some of their active principles, while the decoction used on the plantations was always made of fresh roots just gathered from the woods. In making the fluid extracts, we should therefore be careful to have them made from roots recently gathered."

While Dr. McDade makes fluid extracts of four of his ingredients, he makes a tincture of the fifth. I do not understand why he did not order a fluid of that also. I sim-

ply give the prescription as it was given to me by Dr. McDade and Dr. Rush Jones.

Dr. McDade says: "I could detail many cases illustrating the wonderful anti-syphilitic power of this remedy, but I will give you only two: (1) A negress contracted syphilis from her husband before 1861; they were both treated by Dr. Alfred McDonald, and apparently cured. But they had several children subsequently in rapid succession, and all died of syphilis soon after birth. The husband and wife were then treated by the Indian decoction, and were permanently cured, as shown by the fact that they had several healthy children afterward, at full term, who grew to manhood and to womanhood. None of them ever showed any signs of syphilis, nor have any of their children. (2) A negro girl had syphilitic iritis. The case resisted all treatment by the best physicians of the country. She was nearly blind. She was taken in charge by colored man Lawson, who gave her the Indian remedy, and she was perfectly and permanently cured. These cases occurred more than twenty-five years ago, and have been under my observation ever since."

Dr. McDade has used his compound as an alterative with great success in scrofula, and thinks it would be worth trying in cancer.

Dr. Rush Jones, residing in the city of Montgomery, has a larger field of observation than Dr. McDade, residing in the country, and has really had a larger experience with McDade's anti-syphilitic fluid extract than any one else, and he speaks most favorably of it. He has been treating syphilis for more than forty years, and he says he now has but little dread of undertaking the worst cases, since he has adopted the use of McDade's formula. He repudiates mercury and the iodide of potassium entirely, and says they are unnecessary when McDade's formula is used.

I should be pleased to see the name of McDade used by the profession hereafter to designate the formula and the method of treatment herein set forth. The remedy will doubtless be extensively used, at least for a while, and I sincerely hope that it may prove as efficient here as it has in the hands of my friends in Montgomery, Alabama.

[The hospitals and dispensaries should give this remedy a trial. We all meet cases of syphilis, sometimes, which defy the power of mercury and potash, and while this Indian remedy may, like hundreds of others that have been highly commended, prove inutile, yet it should not be neglected.]

SPINA ON KOCH'S BACILLI.—Dr. Koch's discovery of a special form of microphyte in the sputa and pulmonary tissues of phthisical patients, although not yet a twelvemonth old, has given rise to a vast number of imitative experiments by scientific physicians and others in all countries where such observers are to be found. (British Medical Journal.) In the large majority of instances, the views enunciated by Dr. Koch have been fully accepted, and of late still more definite opinions have been expressed as to the clinical significance of the presence or absence of the bacilli. A Viennese observer has, however, boldly entered the lists against Dr. Koch, and, on the strength of numerous original investigations, attacks the theories of the latter as being founded on mistaken or imperfect experiments. A sketch of Dr. Spina's work is given in the *Wien. Allgem. Med. Zeit.* for February 13, 1883. The author, who is an assistant in Professor Stricker's Institute, points out that the tubercle-bacillus, as made manifest by Koch and Ehrlich's method, does not possess any chemical properties peculiar to itself; that the reaction with the anilin dyes is not essentially different from that of some other forms of bacteria; that it is not proved whether all the bacteria stained by Koch's method are of equal importance; that the blue-stained rods do not occur constantly in tubercular products, and that their area of distribution does not correspond with that of the tubercular deposit; that, in tubercles of different degrees of development, and especially those deposited on organs which have no immediate contact with atmospheric air, no bacteria at all have been discovered. He combats, further, the view expressed by Koch that the tubercle-bacilli only increase when at a temperature approaching that of living mammals. On the present position of the tubercle question, Dr. Spina expresses himself equally clearly. He maintains that the idea of the possibility of infection by tubercle has not been proved by the experiments made upon animals. The pathological results so obtained do not essentially differ from those obtained by infection of animals with indifferent tissues of a non-tubercular origin. That the bacilli themselves represent the virus of an infectious disease, or that they possess any characteristic affinity for coloring matters, acids, or alkalies, he does not consider by any means proved by the experiments heretofore recorded. That these lowly organisms find their way from the tissues into the

sputa he regards as a purely gratuitous assumption; they might just as easily find their way into the bronchi with the atmospheric air. The latter view is greatly borne out by the author's inability to discover the bacilli in the tissues of a tubercular peritoneum, where the tuberculous nodules are not placed in direct communication with air. All the cavities of the body which are in such communication contain various organisms, and especially so when they are the subjects of disease. It would be strange indeed if tubercular cavities in the lungs did not contain them. He maintains that our knowledge of tuberculosis rests now as heretofore upon the clinical characteristics of the disease, and upon the occurrence and history of the surroundings of the tubercles themselves. We know how tubercle is formed, but we do not yet know any distinct sign by which the tubercular may be distinguished from all other forms of morbid tissue. To one point only in Dr. Koch's conclusions is some antecedent probably allowed, viz., that the air-passages of persons affected with tubercle present especially favorable conditions for the occurrence and development of the various forms of bacteria. Dr. Spina regards this axiom a startling point for future investigation.

Castor-oil and Glycerine.—Dr. Geo. R. Young, of Belfast, writes to the Lancet: A mixture, which is of an agreeable flavor and in which the nauseous smell of the oil is efficiently disguised, can be made thus:

℞ Ol. ricini, ... ℥j;
Glycerini, ... ℥j;
Tr. aurantii, ... ♏xx;
Tr. senegæ, ... ♏v;
Aquæ, cinnam. . . . . ad ℥ss.

This forms a beautiful emulsion, is easily taken even by children, and if administered at bedtime will produce a gentle motion the following morning. In cases of habitual constipation, when this mixture is repeated for three or four nights, it brings about a regular morning motion. The tincture of senega is used to emulsify the oil, and as the quantity employed is small its use can not be objectionable from a therapeutic point of view.

Menstruation.—In an admirable lecture on this subject by Dr. Alfred Wittshire, of London (British Medical Journal), in which he adduces strong proof of menstruation in various brutes, the following curious statements are quoted: "Velpeau (*Tr. Comp. de l'Art des Accouch.*, t. 1, p. 126) says that, in Lapland and Greenland, women are not often more regular than every three months; and Gardien (*Tr. d'Accouch. et de Mal. des Femmes*, t. 1, p. 233) pretends that in women in polar countries the menstrual flow takes place only twice or thrice a year."

Permanganate of potash capsules of two grains are recommended by Dr. James B. Hunter, of New York, in dysmenorrhea.

ARMY MEDICAL INTELLIGENCE.

Official List of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from March 17, 1883, to March 24, 1883.

Murray, Robert, Colonel and Assistant Surgeon-General, detailed as member of Army Retiring Board, to convene at the call of the President thereof, at Governor's Island, New York Harbor, for the examination of such officers as may be ordered before it. (Par. 2, S. O. 62, A. G. O., March 16, 1883.) *Summers, John E.*, Lieutenant-colonel and Surgeon, detailed as member of Army Retiring Board, to convene at the call of the President thereof, at Omaha, Nebraska, for the examination of such officers as may be ordered before it. (Par. 9, S. O. 62, A. G. O., March 16, 1883.) *Bill, Joseph H.*, Major and Surgeon, detailed as member of Army Retiring Board, to convene at the call of the President thereof, at Omaha, Nebraska, for the examination of such officers as may be ordered before it. (Par. 9, S. O. 62, A. G. O., March 16, 1883.) *Irwin, B. J. D.*, Major and Surgeon, detailed as member of General Court Martial, to meet at Whipple Barracks, Prescott, Arizona Territory, April 23, 1883, for trial of Captain J. P. Walker, 3d Cavalry. (Par. 1, S. O. 62, A. G. O., March 6, 1883.) *Janeway, John H.*, Major and Surgeon, detailed as member of Army Retiring Board, to convene at Governor's Island, New York Harbor, for the examination of such officers as may be ordered before it. (Par. 2, S. O. 62, A. G. O., March 16, 1883.) *Burton, Henry G.*, Captain and Assistant Surgeon, to be relieved from duty in the Department of the East, and will report in person to the Commanding General, Department of Dakota, for assignment to duty. (Par. 1, S. O. 67, A. G. O., March 22, 1883.) *Girard, Joseph B.*, Captain and Assistant Surgeon, detailed as member of General Court Martial, to meet at Whipple Barracks, Prescott, Arizona Territory, April 23, 1883, for trial of Captain J. P. Walker, 3d Cavalry. (Par. 1, S. O. 62, A. G. O., March 16, 1883.) *Porter, Joseph Y.*, Captain and Assistant Surgeon, to be relieved from duty in the Department of the South, and will report in person to the Commanding General, Department of Texas, for assignment to duty. (Par. 1, S. O. 67, A. G. O., March 22, 1883.) *Winne, Chas. K.*, Captain and Assistant Surgeon, granted leave of absence for three months from March 31, 1883, and will be relieved from duty in the Department of the East; and, upon the expiration of his leave of absence, will report in person to the Commanding General, Department of California, for assignment to duty. (S. O. 61, A. G. O., March 15, 1883.)

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, APRIL 7, 1883.

Original.

ANNUAL ADDRESS

Before the Kentucky State Medical Society. Delivered April 4, 1883.

BY A. D. PRICE, M. D.
President of the Society.

Gentlemen: How best to utilize this occasion to the advancement of a noble cause, inspiring you with renewed energy in the prosecution of your studies, and with greater zeal in your endeavors to benefit suffering humanity, has been a problem of no easy solution.

To cheer the desponding, to comfort the weary, to applaud the merits of the successful laborer in the field of medical science, to call attention to our wants and needs, and to suggest such measures of reform as will ever tend to elevate and dignify a learned and humane profession, are but a few of the many things that clamor for recognition.

Should I be able to speak a word of encouragement to the young recruits who are joining us in our great and glorious work, and thus identifying themselves with the cause of science and humanity; should I succeed in sustaining the energies of him who has tasted the bitterness of misfortune, and is despairing; should I gain for a moment the ear of those who have grown gray in the labors of an arduous and honored profession; should I say aught that would have a tendency to correct evils that may exist, or to stimulate to greater efforts in the cause of medical science, it would be a source of much gratification.

Thirty years of successful work should make us proud of the organization we represent. Untold numbers have been the recipients of its blessings, yet its work is just begun. Each year will add to its laurels. Our labors of to-day will, as time passes on and one by one we are laid in the tomb, bear a rich harvest, and those coming after us will commend our zeal, applaud our endeavors, appreciate our merit and profit by our work. Its circle of influence should be continually enlarged, its numbers increased, and its members reminded of their obligations to further its interests, to advance the cause of science, to increase the resources, to multiply the means of doing good.

Our profession is essential to every community—an indispensable blessing to all people. And its members should labor with a strong and full determination to make it respected and honored by all men, to increase its usefulness, to amplify its blessings, to lift it up and make it, to a more excellent degree still, a great boon to all kinds and conditions of men—even to the unborn millions.

It is the province of medicine not only to relieve pain, to alleviate suffering, to cure disease, but to prevent it; to instruct the masses in the laws of hygiene, teaching them how to eat, and drink, and sleep; how best to live so as to lessen the susceptibility to the many ills of the flesh and to secure the blessings and the joys of a good old age.

Thus the good work must go on. The laborer in the field of medical science must ever be active, diligent, earnest, seeking facts, promulgating truths. He has embarked on a noble mission; his energies and abilities must be unremittingly devoted to the cause of suffering humanity.

Civilization purchases its blessings at the cost of physical pain and suffering; with it come new obligations from which her subjects can not escape. More is expected of us to-day than was demanded of those who have gone before, and the responsibilities of those who come after us will be increased many fold.

It is a saying, often repeated, that this is

an age of progress. It is evident that every thing is looking upward, pressing forward; that master minds are patiently and earnestly at work; that new facts are being continually discovered, and these are influencing the destiny of the human race.

Medicine has caught the enthusiasm and is making rapid progress. But the field is extensive, and much remains to be accomplished. We are to toil on. Much thought and reflection are to be expended. There is no such thing as standing still. We must advance or recede; labor and be rewarded, or, if a life of ease be preferred, reap the penalty.

It becomes us then to do what we can; to work earnestly and faithfully, to be jealous of our own reputation and that of our profession; and endeavoring to protect the one we have gone a long way toward securing the other.

The history of medicine furnishes us many worthy examples that should urge us to the undertaking and comfort us in the toil and self-denial so necessary for its accomplishment. By punctuality, by faithful discharge of every duty imposed or implied, by being accurate students of nature and correct observers of disease, by manifesting a desire to instruct and to be instructed, we will be enabled to do much toward advancing the interest of the cause we represent.

Every medical man should keep a record of his cases. It makes him a close and accurate observer. His failures become a valuable lesson, his successes cheering incentives to his fellow-laborers; his deductions will demand attention, his experience be worthy of consideration. Were each of us thus to interest ourselves in our daily work, and could we have a condensed and classified report of such from various sections of the Commonwealth, the importance and the value of our annual meetings would be greatly enhanced.

The much hackneyed subject of medical education is supposed to be of special interest on occasions of this kind. Some even think that we must annually be regaled by the repetition of the oft-told tale—how medical schools are multiplying here and there, and all over the land; how cheap tuition is the bait thrown the hungry, clamoring horde; how the number of doctors is yearly increased; how many of these are continually dropping out of the profession; and how few ever reach the degree of excellence. That our system of medical education is defective, and that reform is needed all will admit. But how is the evil, and it is said to be a growing one, to be remedied? I am half inclined to believe that it will cure itself. Many diseases are self-limited, and we only have to wait patiently for the feeble pulse to grow strong and the pale cheek to again show forth the rosy hue of health.

Time will right the wrong—cure the defects. Public sentiment, the great tribunal before which men prove their worthiness or admit their incapacity, will hasten a new order of things, and assist in the meritorious work of securing a more thorough and complete course of instruction for those seeking to enter the profession.

Suggestion has done but little toward improving the system of medical education; legislation much less. It is gratifying, however, to know that progress has been made, that it will continue, and that by and by there will be no grounds for complaint.

Were I to offer you any advice, it would be in terms the familiarity of which you would readily recognize. The best schools in the land can not manufacture brains, can only train and develop, imparting useful information. Send them good material, and the result will be better doctors. Let the needed reform begin in the physician's office. This is the first step. Then those who aspire to the responsibility of medical teachers should be reminded that it is their duty "to keep medicine pure, and to teach her followers to be high-minded, forbearing, and good, to encourage moral as well as intellectual ambition in those entering the profession," to graduate competent physicians "skilled in the discrimination of disease, and trained in its therapeutics."

It would be folly to suggest that medical schools be fewer in number, that their clinical advantages should be great, and that their matriculants should be moral, thoughtful, educated. For every medical man is apt to think himself capable of giving instruction in the mysteries of his art, and every medical school has superior advantages to offer. Were the schools content to teach, and did the State claim her right to judge, through her proper representatives, the qualification of those seeking to enter the profession, we would then be on the highway of reform, this much vexed question solved.

Until this point in State legislation is reached we would doubtless be benefactors to our race to a more excellent degree could we induce many of those seeking to enter the medical profession to devote their

energies and abilities to veterinary surgery. This is a rich field for the enterprising young man of the day, and will, ere long, demand the highest order of talent. The value of all the horses in the United States is estimated at $800,000,000, and the proportion of the amount annually lost for want of skillful medical treatment is not less than $15,000,000. Here is certainly an opportunity for good fees and a useful life.

A school for educating and training nurses is something every State needs, "a want long felt." Were it pardonable, I would suggest that the profession of this medical center, where there are so many competent physicians and where medical teachers are by no means limited in number, inaugurate an undertaking of this kind. Skilled and trained nurses are the hand-maids of the medical profession. They are needed at all times and under all circumstances. In every case of sickness their assistance is valuable—in many of the major operations indispensable.

The indiscriminate and continuous prescribing of opiates for the relief of pain is a source of much mischief. Many an opium eater can charge his misfortune to such carelessness. We have to deal, more or less, with nervous women and hypochondriacal men—fit subjects ever for the opium habit. Hence we should be exceedingly careful in the employment of so useful and potent a remedy, and guard well our patients against becoming the subjects of this baneful habit.

With the growth of the population and the accumulation of wealth, there is a tendency to the increase of such grave crimes as criminal abortion, and the resorting, among the married, to the means for the prevention of conception. The hiding of shame, the hard struggle in the race for existence, the ease and luxury born of wealth, are strong incentives to these offenses.

Women here and there and every where are inviting disease, or committing a worse offense—murdering unborn innocents—and are themselves going down in the wreck, to the number of six thousand or more annually in the United States. The profession has ever denounced these crimes, but their evident increase calls for a warning that should be heard and heeded.

As the subject of the evil doings of mankind has been touched upon, it would perhaps not be amiss to pursue it a little further, and refer briefly to the great social evil that will continue to claim the attention of the philanthropist. Syphilis is a subject for serious consideration at all times. The question is, not that it affects some nations more mildly than others, or that it exists in different degrees of severity in different individuals, or that it is less virulent now than formerly, nor is it one of treatment, but of *prevention*. How to stay its onward march, saving millions from its ravages, is the great problem. When it is remembered that two millions out of our fifty millions population are syphilitic, and that there are at least one hundred thousand harlots in the United States, each perhaps infecting a number of men, and they in turn contaminating many innocent ones, the importance of the subject is impressed upon all. "It is our bounden duty to endeavor, by all means at our disposal, to check the ravages of a disease that is the greatest scourge that could afflict humanity; that stalks in secret throughout the length and breadth of the land, affecting not only the guilty, but the innocent and the unborn, the peer and the peasant, and which destroys the health, blights the happiness, and involves in wretchedness and ruin its miserable victims."

"The great source of infection is illicit intercourse." The question here arises, can prostitution be suppressed? Efforts in this direction have, wherever made, proved a failure. Its suppression, if possible, would not be desirable, unless mankind were at the same time regenerated, becoming "pure in mind and holy of heart." But this utopian dream in which so many revel can never be realized; and when society recognizes the fact that it is practically impossible to abolish prostitution, then the law-making power of the land will be forced by public sentiment to legislate for the good of the many.

A law requiring registration of each prostitute, regular inspection, and isolation of the infected would greatly lessen the number that are now daily contaminated. To enter into the details of this important question would on this occasion be tedious and profitless. Generalities can only be indulged in. Sentiment should not enter into its consideration. Legalizing prostitution, a term that grates harshly upon many, should not be offensive to society, since its very object is the protection of society itself. The evil exists, and the fact should be fully recognized, and every endeavor made to render it as harmless as possible.

Specialism in medicine has fought a good fight, and stands to-day in the "front rank of usefulness." It has added much to our

knowledge, and its continued investigations will ever shed blessings on mankind.

It is a matter of regret that in this great Commonwealth, where there are so many good and successful general practitioners, there are so few specialists. Were the energies and abilities of those who could afford it devoted to some special department of medicine, it would be to the advancement of science and to the best interests of the sick. And were medical men imbued, regardless of personal considerations, with the desire to benefit humanity to the fullest extent, there is not a town or village where division of labor might not be made with profit to the profession and advantage to the afflicted.

Miscellany.

Influence of the Mind over the Body. Mr. J. Brindley James read a paper on this subject. (British Medical Journal.) Recent observations had proved the action of this recognized but mysterious influence to possess a far wider scope than was generally supposed; modern investigation alone had demonstrated that, in certain persons, mind, sensation, and volition could be thoroughly controlled by the suggestive ideas of another individual, although the marked effect exercised by mental emotions in either stimulating or depressing bodily functions had long been universally admitted. In illustration of this theory, he referred to the fact of the peculiar condition of the cerebral functions which might be created at pleasure in any twenty persons selected at random, and directed to gaze for ten minutes consecutively at any given object; such persons (especially if young subjects) would be found to act with most complete passiveness in accordance with ideas suggested by another person not thus influenced, the fatigued condition into which their mental faculties had been thus brought causing them to lose power over ideas rendered prominent at this stage. Mr. James further described the phenomena thus induced: mistiness of vision while gazing at the object, succeeded by lassitude and somnolence in some subjects, simple palpebral stiffness in others, deep-drawn sighs, hurried respiration, heaving of the chest, etc., in many instances. Such subjects, told in a firm, confident tone that they could not open their eyes, would be found really unable to do so, especially if the operator drew attention to those organs by a touch, or even by the simple gesture of pointing at them; but, on his simple injunction to open their eyes, they would seem to regain this faculty at once. These individuals, under these conditions, might be compelled to, or debarred from, the execution of any conceivable motion, even against their will—such as flexion of a limb, rising from or sitting down on a chair, etc. Among instances which Mr. James had himself witnessed, one subject had been debarred from approaching one object, and irresistibly impelled toward another, unable to cross a chalked line or an imaginary boundary, compelled to walk, dance, or run, as desired or ordered, from no volition of his own; while, in another case, the arm had remained suspended or fixed in the act of drinking, etc. The most singular of these phenomena, vouched for by professional testimony of unquestionable authenticity, was that of persons in this state who had been made to repeat, with perfect pronunciation and accent, words pronounced to them in languages which must have been utterly impracticable to them at other times—such as Arabic, Sclavonic, etc. Moreover, the lower animals were also susceptible of forcible physical impression by what might strongly attract their attention. In support of this, Mr. James alluded to the well-known power of fascination by the serpent over other animals and on birds, who, at the very sight of the long, glittering body, and especially the fixed, glaring eye of their enemy, fell an easy prey to him. He also alluded to the strange uncontrollable desire felt by those who gazed from a lofty precipice to hurl themselves into the abyss beneath, although conscious such an action would entail inevitable destruction. He further pointed out that, in such conditions as those described, all the sensations might be increased, perverted, or destroyed through the medium of suggestive ideas communicated to the mind. For instance, by concentration of attention on any part of the skin, the sensation of heat or cold, pain or numbness, etc., might be induced. In like manner the power of sight might be impaired, rendered painful, or even lost, while special images might be presented ed to the vision, or objects made to resemble others to which they did not bear the most remote analogy. The sense of smell might be thus perverted, any kind of scent being ascribed by the imagination to inodorous objects; a rose, in the hands of the victim of such a delusion, smelling to him like an

onion, and plain water like eau de Cologne. The faculty of hearing might present similar abnormalities. Many a fretful invalid to whom the grinding of a street organ was intolerable, would persist, perhaps, in hearing, as he supposed, organs in the most secluded country places. Lastly, the sense of taste might have similar perversions; plain water might, by such a person, be credited with the sweetness of honey, the bitterness of wormwood, etc. Many instances might be cited of hypochondriacal patients who persistently concentrated attention on a perfectly sound organ which they believed diseased, until, in course of time, it truly became so. These various delusions of the senses, Mr. James remarked, might, doubtless, prove of no little assistance in tracing out the origin of insanity in many cases. As the senses might be distorted, so, in like manner, might the mental faculties be influenced, memory impaired or lost, powers of judgment, discrimination, and comparison disabled, and the process of reasoning literally reduced to a *reductio ad absurdum*—the imaginative faculty nevertheless continuing very vivid, the individual readily assuming the voice and demeanor, etc., of persons in widely different and various ranks of life. In conclusion, Mr. James pointed out the immense field of inquiry thrown open by these phenomena to earnest scientific investigators, and the benefit they might eventually confer alike on the science of medicine and on humanity at large, should it finally be found possible to sift the wheat from the tares, and, by disentangling the observations of Mesmer from the web of mysticism wound round it by superstition on the one hand and by quackery on the other, to unravel the Gordian knot of the treatment of nervous diseases.

Compulsory vaccination is recommended by Governor Ireland, of Texas, in his late message to the people. Governor Ireland is a wise man, and a worthy chief magistrate of the great State of Texas. Kentucky is proud that he is one of her sons. Vaccination and education should be compulsory in all the States.

Malaria.—In the great valley of California, over the whole of it malaria prevails, often in most violent forms. It exists in uplands remote from marshy districts, and I have known limited districts of upland adjacent to each other, malaria prevailing in one while absent in the other.

Some years ago, while engaged in a study of irrigation, then beginning to be applied on the dry plains of California, I was led to notice the level of standing water in wells, in reference to which there is a great difference in our interior plains. I soon noticed that shallow wells and malaria were frequent companions. Where the wells were seventy feet (or thereabouts) deep there was freedom from malaria. Having noticed these coincidences, I afterward investigated their occurrence in a great many cases by inquiries of farmers with whom I had conversation. In one or two cases of exceptional malarial districts in the foot-hills, which are generally free from this pest, I found the water in the wells near the surface. I do not recall a single instance of *shallow wells where the family were free from fevers*, always intermittent, I believe. I therefore connect the presence of water near the surface of the ground with the existence of malaria. Whether it is due to the mere presence or to the fact that it is drunk, or to both, I am unable to say.—*Col. G. H. Mendell, in The Sanitary Engineer.*

Muscular Repartee.—It is related, in a recent number of Chambers's Journal, of an examiner who was getting impatient of the density of a candidate, that on one occasion, having failed to elicit satisfactory replies from a student regarding the muscular arrangement of the arm and leg, he somewhat brusquely said: "Now, sir, perhaps you could tell me the names of the muscles I would put in action were I to kick you!" "Certainly, sir," replied the candidate; "you would put in motion the flexors and extensors of my arms, for I should use them to knock you down!" The writer is silent, and perhaps wisely so, concerning the fate of this particular student.—*Medical Press.*

Laxity of the Marriage Bond in New England.—There were two hundred and sixty-eight divorces granted during the year 1881, being one for every 10.4 marriages. The ratio of applications for divorce was one to less than every eight marriages.

Great Longevity.—Dr. Richard Neale, says (Medical Press and Circular) that those interested in remarkable cases of longevity may find a goodly array by consulting sections 2 to 6 of the Medical Digest. Among others noted are those of one hundred and thirty-seven Russian peasants who died at the ages ranging from one hundred years to

one hundred and forty-seven; also of a half-breed, San Salvador, who, in 1873, had attained the age of one hundred and eighty years—a statement, however, not allowed to pass unchallenged.

Healthfulness of Rain.—One of the most prominent topics of the day, though certainly not the most pleasant, has been the persistent rainfall of the present winter. From the meteorological returns, however, it would appear that, after all, the quantity which has fallen is very little over the average. As a set-off it is pointed out that the general death-rate in London throughout the winter months has been very low, in part, at least, due to the cleansing of the air and flushing of sewers and watercourses by rain; and it must be admitted that, although in a few districts it may induce malarial disease, the season of much rainfall is as a rule a healthy one.—*Medical Times and Gazette.*

Sudden Change in the Color of Hair and Skin.—Dr. W. J. Smyly read a paper on sudden change in the color of the hair of an infant before the Academy of Medicine in Ireland. (Medical Press.) The child was perfectly healthy, to all appearance, until he was four months old. He was then attacked with acute inflammation, followed by suppuration in the left temporal bone, the symptoms being pain, heat, and swelling about the temporal region, with high fever and profuse perspiration, paralysis of the left side of the face, with exophthalmos, and of the soft palate. One morning (November 1st last) the hair on the right side of the head was discovered to have undergone a remarkable change from its original mouse-colored hue to a reddish yellow. The right eyebrow was similarly affected, and the skin of these parts as well as that of the right hand was icteric. The pillow also was saturated with a reddish yellow perspiration. The abscess, which had formed very slowly, pointed behind the ear, was evacuated by a free incision. Although the child subsequently became hemiplegic, it made a fairly good recovery. The suggestion offered as to the possible cause of this remarkable change of the color of the hair was that the perspiration, which was of a peculiar color, and probably of abnormal chemical constitution, not only destroyed the original pigment, but also dyed the hair a reddish yellow color.

Dr. Walter Smith related the case of a boy in whom the skin of the lobes of both ears and that of the back of the neck was of a sulphur yellow, the downy hair being of a bright yellow, while the hair of the head was brown. The yellow coloring could be readily removed by a moistened cloth, but no washing could discolorize the skin; nor did ether or chloroform produce any effect. He exhibited specimen of the hair. He also referred to a case of red discoloration recorded by Wilson. After relating the case described by Darwin, in which the hair of a criminal brought out for execution turned white in the presence of the spectators, he said he could not agree with Dr. Smyly in ascribing bleaching properties to the perspiration, but did not give any explanation in lieu of it.

Royal Doctors.—None of our royal family have evinced any desire to study medicine or surgery, but in Germany it is different, as two or three of the princes have done so; and a short time ago the German chancellor caused an announcement to be made that His Royal Highness Duke Theodore, of Bavaria, who had recently taken the degree of Doctor of Medicine at a German university, had received the certificate enabling him to practice as a surgeon without being required to undergo the additional examination to which intending practitioners are ordinarily liable under the German law.—*Med. Times and Gazette.*

Vaccination.—Dr. Buchanan, the Medical Officer of the Local Government Board, in summing up the facts and figures relating to vaccination in the metropolis in 1881, notes that they show a saving, by vaccination, of no fewer than twelve thousand lives of children under ten years of age. (The British Medical Journal.) It is not, he adds, to be disputed that this saving is in great measure due to the operation of the Vaccination Acts of 1867 and 1871. A like operation of these acts, Dr. Buchanan observes, is manifested in the change of the age of the people who die from smallpox in London; the total mortality from this cause among children under five having fallen from fifty-four per cent in the ten years immediately preceding 1871 to twenty-eight per cent now.

The Cost of an Epidemic.—M. Jules Rochard has estimated that typhoid fever cost the Paris Municipality, in 1882, 23,487,727 francs ($14,697,545). The stay of the patients in hospitals represent two hundred

and forty thousand and eighty three days, at at 3 francs 60 centimes a day, making a total of 744,257 francs 30 centimes paid by the municipality. If to this sum be added 1,187,120 francs, as representing the loss incurred by the patients during their convalescence (allowing only two francs for each day), a total of 1,871,570 francs 30 centimes is arrived at as the cost of the patients treated in hospitals. By a similar calculation, the loss resulting from private patients treated in their own homes until recovery is estimated at 4,231,727 francs. In 1882 there were 3,276 deaths from typhoid fever. Assuming that each individual has cost 6,000 francs for food, education, etc., these deaths represent a loss to the public revenue of 19,656,000 francs. To this must be added the expenses of illness, making a total loss of 23,487,727 francs during the year in Paris alone. Along with the mortality from typhoid fever, the general death-rate from all diseases has increased. If this were reduced to the proportion which it had ten years ago there would be an annual reduction of 11,182 deaths, representing a saving of 67,092,000 francs. Even if this be reduced to half, there still remains 33,545,000 francs which could be saved annually by the adoption of hygienic measures, representing a capital of 670,920,000 francs.

The Medical Language of St. Luke. By the Rev. William Kirk Hobart, LL.D. The object of the volume before us is to prove from internal evidence that "The Gospel according to St. Luke" and "The Acts of the Apostles" were written by the same person, and that the writer was a medical man. The plan of the book may be briefly described, and we would take the opportunity of stating our belief that the mode of dealing with the subject is eminently scientific and, so far as we know, novel. All the words which are found only in the Third Gospel, or in "The Acts of the Apostles," or almost exclusively in these two books, are named, and quotations are given from Hippocrates, Galen, Areteus, and Dioscorides to show that the same words were in common use among medical writers to express the same meaning. The result of this study is certainly to prove beyond reasonable doubt that in the Third Gospel and in "The Acts of the Apostles" the descriptions of the miracles of healing were written by one who not only was familiar with the diseases in question, but who used such language as it would be unreasonable to suppose that any one but a medical man could have had at his command; and, further, that in dealing with non-medical subjects he wrote in a style common in the Greek medical writers of the time, and one which a physician would be likely to employ. This peculiarity of phraseology being identical throughout the two books in question leaves no doubt that they are the work of the same hand. A very interesting note is appended at the end of the volume, showing the probability that, in accompanying St. Paul on the three occasions referred to in the Acts of the Apostles, St. Luke was present as his medical adviser.—*Medical Times and Gazette.*

Large Families.—We have recently referred to the figures which indicate the slow "depopulation" of France, by excess of deaths over births. (The British Medical Journal.) M. Pieyre has submitted a bill for the encouragement of large families. It proposes a reduction of fifteen per cent on the taxes of a father with five children, and a further five per cent for each additional child. Persons not paying direct taxes, or whose taxes do not exceed 100 francs, are likewise to be tempted by a bonus of 200 francs for a fifth child, 300 francs for a sixth, and so on. For this bill is predicted what the French call a *succès de rire.*

Sir Thomas Watson's Will.—The value of the personal estate amounts to upward of £164,000. To his daughter, in addition to his furniture and effects, he gives stocks amounting to over £26,000, and an annuity of £600. All his real estate and the residue of the personalty, excepting some pictures, books and other articles specifically bequeathed to his daughter-in-law, and to his friend, Dr. George Johnson, he leaves to his son, Sir Arthur Townley Watson.

Prolonged Gestation.—Dr. L. A. Rodenstein claims to have authenticated four cases of prolonged gestation. In the first case, gestation occupied a whole year; in the second case, three hundred and twenty-one days; in the third case, three hundred and thirty-five days; in the fourth case, three hundred and fifty days.—*New York Medical Journal.*

Miss Edith Shove, Bachelor of Medicine, has been appointed Medical Superintendent of the female staff of the General Post Office, London. Shove is a good name for a post-office official.

The Louisville Medical News.

Vol. XV. SATURDAY, APRIL 7, 1883. No. 14.

LUNSFORD P. YANDELL, M.D., - - }
L. S. McMURTRY, A.M., M.D., - - - } Editors.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITORS OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

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MEDICAL ETHICS IN NEW YORK.

The profession in New York is by no means disposed to rest tranquilly under the action of the State Society at Albany by which the new code was adopted. The continued agitation of the subject seems to have very materially altered the situation. The representative members of the profession, who have heretofore taken no active part in the manipulations and balloting, seem to be aroused to an appreciation of the important issues involved. From the following account of the last meeting of the New York County Medical Society, which we extract from the Medical News, it will be seen that, with a full attendance, the sentiment of the society is for sound ethics and the maintenance of the dignity of the profession:

A large and spirited meeting of the Medical Society of the County of New York was held last Tuesday evening to elect three delegates to the State Medical Society, to fill the vacancies created by the resignations of Drs. Webster, Johnson, and Foster, who had been elected permanent members. The meeting was crowded with members who were present to give expression, through the election, to their views on the new code.

Dr. Austin Flint, jr., nominated Drs. Charles Hitchcock, C. S. Ward, and C. A. Leale to fill the vacancies created by the resignations, and stated that these gentlemen were earnest advocates of the old code, and in the State Society would vote for its restoration. Dr. D. B. St. John Roosa nominated Drs. Walter R. Gillette, P. Albert Morrow, and F. M. Weld, who were announced to be supporters of the new code. The ballot resulted in ninety-four votes for the old-code ticket, nominated by Dr. Austin Flint, jr., against seventy-one for the new-code supporters, nominated by Dr. D. B. St. John Roosa.

This important action in the home of the new code is significant, and indicates that the profession is aroused to the importance of the issues involved. By the election of these three gentlemen the delegation of the New York County Society no longer remains solid, and we trust that the influence of an aroused professional sentiment may make itself felt still further in this matter.

THE STATE SOCIETY.—At this writing the Kentucky State Medical Society is in session in this city. We present our readers elsewhere the able, practical, and suggestive address of the President, and will publish in our next issue a full account of the proceedings. It is our purpose, also, to publish some of the choicest papers in full.

PRACTICAL MALTHUSIANISM.—The aborigines of Central Australia have a curious and very effective way of limiting the production of children. Sir John Lubbock has reported this custom, prevalent in Port Lincoln, South Australia, and Dr. Robertson relates that in Borneo the same is the case. The source of our information is a most interesting article in the Australian Medical Gazette by Surgeon John M. Creed. Tribal laws, enacted in consequence of scarcity of food-supply, decree that no man nor woman shall be the parent of more than two children. To secure this end the following methods are practiced. With the females a stick, with a hair attached, is introduced into the uterus, and inflammation is set up in the fallopian tubes, causing their occlusion and thus securing sterility. The description of the operation certainly is lacking in lucidity, but that performed upon the males is made very clear. Commencing close to the scrotum the inferior wall of the urethra is removed. In some tribes but

an inch or two of tissue is cut away, and in others the operation extends from scrotum to glans. In some tribes most of the males are operated on at puberty. It is an occasion of feasting and ceremony, and the boys are very proud when they have undergone the rite. A limited number are left entire for the purpose of perpetuating the race. These live in a district to themselves, and when children are desired the women are sent up for impregnation.

Louisville Health Officer.—Dr. Wm. H. Galt has just been appointed to this position, and his appointment gives very great satisfaction to all classes of the community. He is eminently fitted for the place, being possessed of high scholastic and professional attainments, of strong common sense, courage, and experience. As a physician he stands in the front rank. He commands the respect, regard, and confidence of all who know him. He is a mature, vigorous, clear-headed, and conscientious man. The field which Dr. Galt now enters is a wide and fertile one, and to a large extent fallow. In it the opportunity for the accomplishment of good and the acquisition of honor is ample. Louisville is fortunate in having such a man in such a place.

Dr. Montgomery, Dr. Galt's predecessor, has made an exceptionally efficient officer and has gained for himself an enviable reputation as a sanitarian.

Dr. William H. Van Buren. — In another column will be found a brief notice of the life and labors of this distinguished American surgeon, which we extract from the Medical Record. Dr. Van Buren was a prominent teacher of anatomy and surgery in New York for many years, and his published works have won for him a high position in the ranks of the profession. He was a splendid representative of American ideas and methods in surgery, and made an impress on American surgery which will remain for many years to come. He did valuable service to science and the profession in the several capacities of practitioner, author, and teacher, and it is a privilege to record that his noble services were appreciated at home and abroad.

Anti-Vaccination Agitators.—Is there no legal power to restrain the malefactive babble of pestiferous idiots in England? Is there no fool-killer there? Evidently not, else "The Vaccination Enquirer," the organ of "The London Society for the Abolition of Compulsory Vaccination" would not be permitted to exist. No perfectly sane man, acquainted with the facts of vaccination, will oppose vaccination. Only cranks are capable of such cruel misanthropy. They should be restrained or abolished.

Chromic acid is the latest application commended as marvelously efficacious in syphilitic sores. We believe little in the specific properties of local applications save when they act by absorption or as parasiticides. What is well locally for syphilitic sores is good for other sores. Sometimes anodynes, sometimes stimulants, sometimes astringents, sometimes protectives, rarely escharotics, and never soap and water, are useful in healing sores. In a diphtheritic sore throat we have seen remarkable results from chromic acid applied to the diphtheroid membrane, and should an opportunity offer we should try this acid on diphtheritic membrane in a solution of ten to sixty grains. For condylomata and other warty growths, chromic acid is excellent above all other remedies that we have tried. Salicylic acid in corns and hard warts is highly recommended.

Dr. S. Weir Mitchell, of Philadelphia, has published a volume of Poems entitled "The Hill of Stone, and other Poems." The work has received very high commendation.

Bibliography.

A Practical Treatise on Diseases of the Skin. For the Use of Students and Practitioners. By JAMES NEVINS HYDE, A.M., M.D., Professor of Skin and Venereal Diseases, Rush Medical College, Chicago; Dermatologist to the Michael Reese Hospital, Chicago, and one of the Physicians to the Infirmary of the Chicago Home for the Friendless. Philadelphia: Henry C. Lea's Son & Co. 1883.

Prof. J. Nevins Hyde has for many years made the skin a special study, under the most favorable circumstances. A man of quick and strong intellect, a thorough scholar, a constant student, long a pupil of the great Hebra in Vienna, and since then connected with the hospitals and dispensaries of Chicago, one of America's largest and unhealthiest cities, Dr. Hyde is eminently fitted to produce an able treatise on dermatology. The work is worthy of its author.

Nearly six hundred pages of clear and concise reading matter, with more than threescore of artistic illustrations, are comprised in this volume. Of no other branch of medicine is the average general practitioner so lamentably ignorant as he is of dermatology. Commonly his nomenclature is confined to "tetter" and eczema, and his treatment is limited to arsenic, alkalies, purgatives, and oxide-of-zinc ointment. He tells his impatient patients that he has great fear of driving the disease in, when in fact he does not know how to drive it at all. For this incompetence there is no longer any excuse. If he be not too stingy to buy books or too lazy to read them, he may readily learn to diagnose and successfully treat most of the dermatoses. Dr. Hyde's book is deserving of a place in every physician's library and is destined to add to its clever author's already extensive reputation.

The Systematic Treatment of Nerve Prostration and Hysteria. By W. S. PLAYFAIR, M. D., F.R.C.P., Professor of Obstetric Medicine in King's College; Physician for the Diseases of Women and Children to King's College Hospital; Late President of the Obstetrical Society of London. Philadelphia: Henry C. Lea's Son & Co., 1883.

We have heretofore called attention to the valuable papers of Professor Playfair as they appeared in the British Medical Journal. These papers, with appendices now added, constitute the little volume, "Nerve Prostration." We are ever disposed to speak kindly of medical books. They are usually conceived in a noble spirit of philanthropy or of scientific enthusiasm, and after a long and serious and troubled gestation are brought forth in mingled hope and fear, pride and tribulation, by their patient and arduous authors. But in the present instance conspicuous merit is all sufficient to compel earnest laudation. The method of treatment for nerve prostration expounded and illustrated by Dr. Playfair is a therapeutic method of exceeding practical importance. By it miracles are wrought, that is, marvelous cures are made. Female skeletons, scantily covered with wasted muscle and withered skin, after a score of years of suffering, excruciating in degree and infinite in phase, to whom the days brought no joy and the nights no rest; joyless, hopeless, helpless, useless women, are by this treatment re-created, re-novated, re-freshed, re-fleshed, and re-nerved. Dr. Playfair gives all the credit of the introduction of this treatment to the profession to our distinguished countryman, Dr. Weir Mitchell. The treatment is known every where as "the Weir-Mitchell treatment." One hundred and ten pages comprise this profitable and pleasant and inexpensive little book. Every doctor should read it. The cure of nerve prostration and hysteria, in the terrible and protean forms described by Dr. Playfair, is accomplished through friction and kneading, electricity and isolation, alimentation and imagination. No other method has ever produced results comparable to Mitchell's and Playfair's in these maladies.

Obituary.

WILLIAM HOLME VAN BUREN, M.D. L.L.D.

Prof. Wm. H. Van Buren, M.D., LL.D., (Yalen.), died in New York on the morning of March 25, 1883, within twelve days of the the completion of his sixty-fourth year.

In his death a pillar of the profession has fallen and a career has terminated the memory of which will long remain to serve as an example of honest dignity in professional life, an example which, in the commercial hurry of the present day, it would be well for the young physician to recognize and to emulate.

Born April 5, 1819, of a line of medical ancestors, in a family of refinement and education but devoid of wealth, Dr. Van

Buren reached a position in the profession of the highest distinction, and dies reasonably mellow in years and ripe with honors.

His flexibility of person, his graciousness of manner, his dignified dexterity as an operator, his wide command of language as a lecturer, his elegance of diction as an author, the magic of his presence in the sick-room, will be long and pleasantly remembered by those who came in contact with him; while the keenness of his scorn and the pungency of his satire were only fully understood by those who ventured, in the heat of controversy, to impugn his motives or to attack the honest purity of his principles.

He entered Yale with the class of '38, but did not graduate; yet the college, in recognition of his literary attainments and distinguished position, decorated him with the honorary degree A.M. in 1866, and later, in 1878, conferred upon him the highest title in her gift, LL.D.

The University of Pennsylvania, in 1840, graduated him in medicine after his return from a tour in the Paris hospitals. He then served in the army until 1845, in which year he came to New York to assist the late Valentine Mott in the work of his clinique in the medical department of the University of New York.

During thirty-eight years he labored in the rich surgical fields furnished by this great metropolis, reaching early and distinguished honors which accumulated upon him as he advanced in life.

Among these may be mentioned the professorship of anatomy in the University, and of the science and art of surgery as well as of genito-urinary surgery and syphilis in the Bellevue Hospital Medical College. He did creditable work as an active surgeon to the Bellevue, the New York, and St. Vincent's hospitals, and has been consulting surgeon to St. Vincent's, New York, Bellevue, Charity, the State Woman's, and the Presbyterian hospitals. He was for many years active in medical-society work, being vice-president of the New York Academy of Medicine and president of the Pathological Society. He figured also largely as a prominent name upon the consulting boards of many of the dispensaries and other medical institutions of the city. He was a corresponding member of the Society of Surgery of Paris, and his name was nearly as well known abroad as at home.

His first literary efforts were translations of French works, but soon able essays upon matters of personal experience appeared from his pen in the various medical magazines—essays marked by the honesty of the observations reported as well as their graceful elegance of expression. His "Contributions to Practical Surgery" appeared in 1865, his "Lectures on Diseases of the Rectum" in 1870, and again, in much better form, as a second edition, in 1882. In 1874 he appeared as joint author with his junior partner in a text-book on "Genito-Urinary Surgery," and finally, his latest and perhaps ablest production, on "Inflammation," came out in "Ashhurst's Encyclopedia of Surgery" only a short time before his death.

His work in the Sanitary Commission is a matter of public as well as of medical interest. To the great detriment of his private revenue, he served his country faithfully upon this commission, and added largely to the efficiency of the medical and sanitary conduct of the war.

The credit of being the author of the tunneling of urethral instruments attaches to his name. This improvement is perhaps second to none in modern urethral surgery. He leaves a wife—a daughter of the late Valentine Mott—and two married daughters to deplore his loss.

His friends loved him devotedly, and he reciprocated their attachment with a fervor which could be counted upon in any emergency. When at the summit of his success, in the full rush of practice, he was particularly zealous in sustaining and assisting many younger members of the profession, most of whom hold his past favors in grateful remembrance.

His death was due indirectly to apoplexy, which occurred in the spring of 1882, directly to degenerative changes about the injured cerebral focus—changes which set in with the beginning of the present year. He appreciated the approach of death, and wished for it. In communion with the mother church, and solaced by its sacraments, in the brightness of the Easter morning he ceased to be of earth.—*The Medical Record.*

Dr. David Osborn Farrand, of Detroit, who died at 5 A.M., Sunday, March 18, 1883, was born in Ann Arbor, April 23, 1838. He graduated in the Literary Department of the University of Michigan, and also began his medical studies there. He then went to Europe and studied medicine in Germany. Returning to America, he graduated at the College of Physicians and Surgeons, in New

York city, in 1863. Immediately after graduation he entered the army, and soon won an enviable reputation as a surgeon. In the army he was the comrade and fast friend of two of the editors of this journal, Drs. Octerlony and Maclean, a friendship which was unbroken until death. In 1866 he resigned his position in the army and located in Detroit. Here his untiring energy and marked skill, together with the noble traits of personal worth which he possessed, soon made him one of the best known and most beloved physicians of the city. For the past ten years his practice has been very large and onerous. His work was not confined to any class; but he was the physician of the people. To the rich and the poor, to the virtuous and the vicious, he went with equal readiness, whenever his professional aid was sought.

In years his life was short, but in work it was long. In his life was exemplified the old adage, "He lives long who lives well." However, as before stated, the love of work was with him almost a mania, and had he worked more moderately, many years might have been added to his life of usefulness.

In every thing that pertained to the advancement and honor of his profession, Dr. Farrand was deeply interested. To the University of Michigan he was always warmly attached, and to the faculty of the medical department he gave words of advice and cheer in their endeavor to elevate the standard of medical education.

Probably the death of no other man could carry grief to so many as did the death of Dr. Farrand. The rich and the poor sought to do honor to the dead physician. The church, the yard, and the streets for blocks overflowed with mourners.

A great and good physician, skillful of hand and kind of heart, has given his life to suffering humanity.

HARD living, says Darwin, retards the period at which animals conceive, and it has been found disadvantageous in the northern highlands of Scotland to allow cows to bear calves before they are four years old.

LOOSENESS.—Once it was suggested to the Emperor of Austria that he establish a hospital for fallen women, as is done in London. He is said to have replied that he had not money enough to roof over the whole of Vienna.

Correspondence.

THE STATE BOARD OF HEALTH OF KENTUCKY.

Editors Louisville Medical News:

I am surprised to see, from your last editorial, that you do not consider the public press a proper medium for the discussion of professional matters. The frequent reproduction of your editorials in the daily papers had led me to think that you entertained different views; of course, I do not know how they got there, but am only speaking of the fact. In my public reply, therefore, I thought I was before an audience of your own selection; but as you now seem to prefer to confine the discussion inside professional lines, be it so. In that article it was said that "if you had the knowledge of this important and progressive branch of medicine, which your reputations as scholars would lead us to expect, and which your positions as medical editors and teachers would seem to require, it would not have taken so many columns of the NEWS for you to make it clear that you had read neither our annual reports which you attempted to criticise, nor the reports of the other State boards unto which you attempted to compare us." Your new position, that the work of health boards is not a subject for popular discussion shows equally well, what in fact your arguments as a whole show, that you have given but little attention to the subject and are utterly ignorant of the methods adopted by the most successful State boards.

Our board was created in 1878; and before its organization was completed was confronted with the terrible yellow-fever epidemic of that year, which in our own State reached Hickman, Fulton, Bowling Green, and Louisville. With no fund for such an emergency, and without experience, it accomplished much by the aid of such noble volunteers as Drs. Blackburn, Gober, and the lamented Cook and Lester. Members of the board visited the infected localities in our own and other States, collecting information and diffusing it among the people, and so profited by the experience gained, that on the outbreak of the disease the following year, although equally threatened, such efficient quarantines and other means of prevention were adopted as preserved the State from an epidemic, from panic, and from the loss of millions in money by the

interference with commerce. By daily communication with the National and other State boards our officers were kept posted as to the dangers, and Drs. Thompson, of Henderson, and Thomas, of this city, spent a large part of their time on our southern border watching the threatened points and superintending the quarantine stations. Is this nothing? It was done too on the small annual appropriation of $2,500, after paying the salary of our secretary and for the printing of our reports.

Nor were other matters neglected. Our secretary was sent on a tour of inspection to the older boards, that we might work after the most approved plans; delegates were sent to all important sanitary meetings—in the councils of which they always took high rank—for the same purpose; local boards of health were appointed in every county in the State; public addresses have been delivered in many important towns and cities; health tracts and instructions in regard to smallpox, scarlet fever, and other contagious diseases, have been sent time and again to every physician and official in the State; the president, secretary, or some other competent physician has visited, as far as possible, every locality specially afflicted with these contagious diseases; vaccine virus has been furnished for gratuitous use for the poor whenever applied for—in a word, we have striven faithfully to interest both the profession and public in sanitary work.

Now it is true that many of our efforts have been misdirected, that much more has been wasted, that two of our members have taken no interest in our proceedings, that the medical press has never been in sympathy with our work, and that we have been handicapped in various ways; but in spite of all these things we believe that no other board has ever done so much good work on so small an amount of money, and that our reports will compare favorably with those of any other board of our age in the Union. The statistical tables are not reliable, are probably worse than useless; but every informed physician in the State knows that we have nothing to do with their collection, but are required by law to publish them as furnished us by the assessors of the various counties, and have no option in the matter by which we could correct them, even if to ignorant persons they should convey the impression that consumption is on the increase.

You threw cold water on the project for a council of the local boards before it met, failed to attend or in any way encourage its proceedings, and so misrepresented it after it adjourned as to make the impression on your readers that it was a failure, when in fact it was not only successful and interesting, but the subject and tone of the discussions would have been a credit to any State. You say the profession of Louisville was not invited. Now it is true that our limited funds prevented us from sending embossed, gilt-edged cards to each of your physicians, as we very much desired to do, but we did the very next best thing possible under the circumstances, which was to publish in all the daily papers an invitation for all persons in the State interested in sanitary work to meet with us. We thought, and still think, that that included the physicians of Louisville.

You object to the addresses we have had delivered on public health before the legislature and in the various towns and cities, and seem blissfully ignorant of the fact that we are following in the footsteps of Bowditch, Folsom, Kedzie, Baker, Harris, Brooks, and Chancellor, who prize this as one of the important means which gave so much interest and credit to the boards of their respective States. You object to our members attending sanitary conventions abroad, and do not seem to know that our law requires us to do so; and that at these conventions we always met delegates from the other State boards which you say are doing so well, attending at the expense of their respective States. You object to the long essays contained in our annual reports, and do not state that those of Massachusetts and Michigan, which you commend so highly, contain many more still longer ones. You object that we do not furnish instruction in regard to vaccination, and urge its importance, and do not seem to know that every one of our reports contain the fullest and plainest information on this point, and that we have flooded the State with fly-leaves and postals on the same subject. You compare us with other boards, and omit to say that while we have but $2,500 a year, Indiana has $5,000, Illinois $12,000, Michigan $12,000, New York $15,000, and that, in addition, most of them have reserve funds for epidemics and sanitary surveys.

You speak of the adverse criticisms of the medical press abroad and the secular press at home, and fail to state what you must know to be true, that in each instance these criticisms are based on your representations of our work. Of course we would have preferred that you had studied the sub-

ject, and then carefully reviewed our work, showing where we had failed and how we might have succeded. But, unfair as are your arguments, incorrect as is the impression you convey by giving but one side of the facts in a most one-sided way, it is preferable to the indifference which the medical press of the State has heretofore shown in regard to sanitary matters. As you have already filed your objections to all that we have done and all that we have not done, condemned our record in the past, and predicted our future that you might also condemn that, would it not be well in your next articles for you to substitute your constructive for your great destructive ability and give us what you have been entirely innocent of so far—a few practical suggestions as to the best method of conducting sanitary work. Do not fear that we will object to any fair criticism, for we will not. We know that the work dragged in Michigan, Illinois, and most of the other States until their boards had passed through a baptism of this kind, and are perfectly willing to stand one trial before either a public or professional jury. Earnestly joining you in the wish that the discussion may not only stimulate the State Board to more and better work, but that it or some other influence may induce our medical colleges and journals to discharge some part of their duty in aid of State medicine, I am, very respectfully,

J. N. McCORMACK.

BOWLING GREEN, KY.

[The inefficiency of this organization and its failure in the execution of all practical sanitary measures are so notorious here at home, and may be so easily discovered by an examination of its two reports issued in five years, that no detailed reply to the above communication is deemed necessary. EDS.]

QUERY.

Editors Louisville Medical News:

In glancing over the last number of the NEWS, I was attracted by an article in your columns headed Typho-Malarial Fever, by E. Van Quast, M.D., of Malden, Mo. It is certainly a very original article in more ways than one. What particularly attracted my attention was the treatment, which was undoubtedly heroic.

According to statement, there was given, in one hour and twenty minutes, thirty-one grains chloral hydrate, also, during that time and additional forty minutes, twenty grains potass. brom., possibly half dram. At 2 P.M., when he saw her, undoubtedly her condition was due to the effects of chloral and potass. that had been administered. The radical change the next day was doubtless due to the fact that she had recovered from the effects of the chloral and bromide, and not to the heroic doses of calomel and quinine.

From March 8th, notwithstanding the continuation of treatment in a less heroic manner, to March 13th we find a continual rise of temperature and an increased pulsation. Query: Was not the condition of this patient during the time from March 6th to March 13th and the unpleasant termination due to over-medication rather than disease? * * *

TOPEKA, KANSAS.

RUPTURE OF THE WOMB.

Editors Louisville Medical News:

This accident is so terrible, and very fortunately so infrequent, that perhaps the history of a case which occurred in my practice not long since may prove of interest to your readers.

I was called, March 23d, to see a Bohemian woman in her sixth confinement. She was about thirty-five years old. For the first two days she had been attended by a woman, when two homeopathic doctors were called in. One of them, who was still there when I arrived, said the woman had a hernia caused by straining, but was all right. About four hours before she had had a hard pain, the head presenting well up, when she exclaimed that something had torn in two on the inside. The pains ceased entirely and had not returned for four hours. The pulse was 110, and barely discernible. The patient was vomiting. No great amount of external hemorrhage was visible.

Upon digital examination the womb was discovered to be retracted, containing only a still adherent placenta, a few small clots of blood and a coil of the funis. The child could be felt plainly, lying under the abdominal integuments. Cesarian section was proposed, but the husband objected, and I took my leave. The woman died shortly after, having vomited a large amount of clear blood.

LEVI CHASE, M.D.

IRVING, KAS., March 29, 1883.

Selections.

PICRIC ACID AS A TEST FOR ALBUMEN AND SUGAR IN THE URINE.—Dr. George Johnson read the following before the Clinical Society of London (Medical Press and Circular): Although picric acid has for ten years or more been used as a test for albumen in the urine, its value has not been fully appreciated. It may be used as a saturated solution, by dissolving the crystals in about fifty times their volume of boiling water, or in powder. The solution poured on the surface of the urine in a sloping test-tube will cause opalescence in a specimen of albuminous urine diluted much beyond the point at which nitric acid fails to act. The powder or crystals, equal in bulk to a peppercorn, when shaken with a dram of urine, will dissolve and immediately coagulate any albumen present. Picric acid boiled with a solution of potash is a most delicate test for glucose. The reduction of yellow picric to the deep red picranic acid by glucose when boiled with potash, although noticed by Braun nearly twenty years ago, appears not to have been utilized as a practical test. One dram of a solution of grape sugar, one grain to one ounce, is mixed with one half dram of liquor potasse (B.P.), ten minims of a saturated solution of picric acid, and made up to three drams with distilled water. The mixture is placed in a boiling-tube, ten inches long and three quarters of an inch wide, having a mark made at the height of three drams. It is then heated to the boiling point, and kept boiling for sixty seconds. The resulting color indicates one grain of sugar to one ounce. The color may be exactly imitated by a solution of acetate of iron, with excess of acetic acid, which is used as a standard in making a quantitative analysis. The depth of color is directly proportioned to the amount of sugar present to decompose the picric acid. When the color is deeper than the standard, the dark liquid is diluted until it and the standard have the same tint. The dilution is effected in a tube twelve inches long, divided into equal one tenth inch and one hundredth parts. By the side is a tube of equal size containing the standard color. A more exact comparison of the colors is made by looking through equal columns of the saccharine liquid, and the standard in flat bottomed tubes held over white paper or porcelain. Ten minims of solution of picric acid are rather more than equivalent to the sugar (one to eight grains) in one dram of a solution containing one grain to one ounce. In making an analysis the picric acid must be in proportion to the amount of sugar. If the proportion of sugar be as high as six grains to the ounce, about a dram of solution of picric acid will be required for a dram of the sugar solution. When the amount of sugar is more than six grains to the ounce, the liquid should be diluted in a definite proportion before it is analyzed. Distilled or pure rain-water is used for dilution. Hard water becomes turbid when mixed with caustic potash. If undiluted urine is rendered turbid by phosphates in process of testing it should be cleared by filtration. The measurements and dilutions must all be accurate. The presence of albumen even in large amount does not interfere practically with the picric-acid test. The accuracy of the test is proved by practically identical results from analyzing the same specimens by Dr. Davy's ammonious cupric solution, and by the picric acid and potash.

This test is not interfered with by presence of albumen in any amount. As a result of extended observations, Dr. Johnson concludes that normal urine contains two classes of bodies capable of reducing cupric oxide, viz. (1) urates, etc , and (2) saccharoids, the latter alone being demonstrated by the picric acid method

At the close of the description Dr. Johnson made this very good point on Dr. Mahomed: He doubted whether albumen existed, in small traces even, in normal urine, as a physiological condition. He could not either agree with Dr. Mahomed that a rough test possessed value over a delicate one; and in this connection he thought it worth while to recall the fact that Dr. Mahomed had, as they all knew, recorded several cases of granular kidney without albuminuria. Possibly he would have chronicled a different result had he been more ready to admit the advantages of a delicate test for albumen in urine.

ALBUMEN TESTS.—Dr. C. Ralfe presented four specimens of urine, each of which contained a distinct variety of albumen. (Lancet's Report of Medical Society of London.) He brought forward the subject with no view of deciding the merits of the rival tests, as suggested by Dr. G. Johnson, Dr. Pavy, and Dr. Oliver, but to draw attention to the fact that heat, and heat alone, would decide whether the albumen was

serum-albumen or not, the really important clinical question after all. Dr. Ralfe pointed out that the cumbersome spirit-lamp might be done away with altogether if only a one-inch square of copper gauze were carried in the pocket; this held above the gas- or candle-flame would prevent the test-tube from becoming blackened. After the meeting Dr. Ralfe briefly demonstrated his facts. He spoke highly of Dr. Oliver's test-papers, which, if heat were employed in all cases as well, would give reliable results.

On a Prolonged Case of Tetanus.—Dr. J. Robinson and Mr. Stenson Hooker, Lancet, March 3d:

W. H. a boy of fourteen, on May 31st received an incised wound on the ball of the great toe; all went well until June 9th, when he complained of a "cold in the jaw," with stiffness of the muscles of the neck and between the shoulders; the wound was now healing nicely. 10th: Jaw is all but closed, and muscles of abdomen, back, and limbs contract still more strongly when touched. The urine is loaded with lithates; bowels confined. He takes liquid nourishment well, accomplished by suction, the teat of an infant's feeding bottle being squeezed between the teeth. Temperature, 101.6°; pulse regular, 100. Given twenty grains of bromide of potassium every four hours. 11th: General clonic spasm of all the voluntary muscles, intense pain, at times opisthotonus. Given a scruple of chloral hydrate. Temperature, 102.2°; pulse, 160. 12th: Pain and muscular contraction intense. Chloroform administered, relaxed muscles and gave sleep, but immediately on awakening rigidity recurred. This extreme state continued. Chloroform administered each day until the 23d; no cessation from spasm except when under this drug or opiates. 20th: Continues to take milk, soup, and beef-tea well. Temperature, 100.2°; pulse, 100. The bromide, evidently useless, was discontinued. 23d: Five drops of tincture of calabar bean given every two hours; the dose increased gradually. Wound healed. Pulse, 116; temperature, 100.2°. 26th: Some loss of vision, can not distinguish objects further than a yard off. Pulse, 124; temperature, 102.4°. Is taking twenty drops of the drug every four hours. 27th: Complete loss of vision; pupils normal. Slightly delirious, and complains of tingling in both feet. There is no natural relaxation of the muscles. Pulse rather smaller, regular, 120; temperature, 102°. 30th: Spasms a little less violent, and frequent in muscles of trunk. Is taking thirty drops each dose. Vision has returned to some extent. Urine copious; bowels relaxed. Takes nourishment well. Pulse, 94; temperature, 100°.

July 3d: The spasms less violent, and confined to lower extremities. Is now taking sixty-five drops every four hours. 4th: The masseters relax slightly, and constant desire to yawn. 9th: Can flex both arms, also leg upon thigh. Temperature, 98.8°; pulse, 96.

A slow improvement from this time, the intervals between the spasms more and more prolonged. 12th: Ate solid food for the first time. 31st: He talked and ate fairly well; no spasm, but legs still somewhat rigid. August 5th: All rigidity gone, and calabar bean omitted. Patient up on 7th, and complained only of general stiffness and debility, and from this date he gradually recovered and now enjoys perfect health.

Remarks. The interest in this case lies in its exceptional prolongation. Twenty days before the slightest cessation of spasm, twenty-four before muscles commenced to relax, and fifty days before absolute freedom from spasm and rigidity. This I believe to be the longest case on record, and the question suggests itself, Did the calabar bean exert any influence for good in this case? It produced physiological effects which are unusual if not unique, the patient being for three days totally blind.

Hooping Cough.—Mons. Dujardin-Beaumetz gives a table or dessert-spoonful, according to the age of the child, of the following mixture in hooping-cough, night and morning:

℞ Bromide of potassium, ... grs. xxx;
Bromide of sodium, ... grs. lx;
Bromide of ammonium, ... grs. xxx;
Chloral, ... grs. xx;
Water, ... ℥ 4;

A case of thrombosis of the right side of the heart from intense mental excitement is reported by Dr. Keith N. McDonald, M.D., in the Lancet, March 17th.

A case of total suppression of urine lasting seventy-five hours—recovery without a bad symptom—is reported in the Lancet of March 10th, by Mr. Dennis Donovan; and in the same journal a case of extra-uterine fetation followed by the expulsion of fetal bones through the bladder; permanent utero-vesical fistula, by Mr. H. P. Symonds.

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, APRIL 14, 1883.

Original.

A CASE OF STRYCHNIA POISONING.

BY ANDREW SEARGENT, M. D.

On Friday evening, October 6, 1882, I was called to see Mr. D., aged twenty-eight years, heavy set, very robust and muscular. He had been betting and losing heavily at the fair, occasionally taking a drink, but returned home in the evening not at all intoxicated. Nothing unusual was noticed in his condition until about 8 P.M., when he had a severe convulsion, and went to bed expressing great uneasiness about himself, and begged his friends to send for a doctor at once. His brother, knowing him to be in a gloomy and despondent mood, refused to call in a physician until he had a number of convulsions in rapid succession, which were attributed to whisky. I reached his bedside at 9 P.M., and found him perfectly rigid and opisthotonus complete, with his legs extended, feet everted, arms flexed, and fingers clinched, jaws spasmodically closed, lips and eyelids retracted, pupils somewhat dilated, face blue, and skin bathed in a profuse perspiration. His pulse was very fast and small, and changeable from time to time. Respiration was noisy, shallow, and difficult, apparently due to the intense muscular rigidity present. My patient was speechless but evidently conscious, and afraid to attempt any movement, because each effort intensified the convulsions, which the bystanders assured me had been almost continuous for some time past.

From the above symptoms, I decided at once that my patient had taken strychnia, and made a grave prognosis, though no one at that time had supposed him to be poisoned. Having no chloroform at hand, I prepared for him a solution of chloral hydrate, which he made several attempts to swallow, but failed on account of spasm of the muscles of the jaw and throat produced, or rather intensified, by each effort to swallow. Although the patient was unable to speak, he was evidently anxious to take the medicine.

I now prepared an enema containing the contents of a vial of chloral hydrate, 110 grains by weight, and about 120 grains of bromide of potash, and introduced it immediately. I next sent a messenger to the nearest drug store for a solution containing 30 grains of chloral hydrate and 60 grains of bromide of potash to the tablespoonful. His room was darkened and made as quiet as possible, and when the medicine arrived he took a tablespoonful through a quill after a number of efforts, although he was still unable to speak, and convulsions followed each other in rapid succession.

At 10 P. M. his condition seemed to be improving, and he asked for a drink of water; the effort to speak produced a violent convulsion, during which I feared immediate death from asphyxia. When he became partially relaxed again, I administered the same dose as before. During the next hour his condition began to improve, the muscular rigidity subsiding so that he became partially relaxed during the intervals between convulsions, but his breathing continued to be noisy and the inspirations shallow, and he was also annoyed by a dry cough which afterward disappeared entirely.

At 11 P. M. I repeated the chloral and bromide-of-potash solution, and his jaws had become so much relaxed that he was able to drink from a glass and engaged in conversation between convulsions, telling me how he had purchased and taken the strychnine, and felt certain that he would yet die from it, although he admitted that he was some better. He continued in this condition until about 12:30 A.M., when he was seized with his last convulsion, five

hours after taking the strychnine. After this convulsion I gave him another dose of the chloral and bromide solution, which produced no inclination whatever to sleep, but on the contrary he was restless and talkative. I remained with my patient until 3 A.M., during which time he complained of great muscular soreness and a feeling of uneasiness that entirely prevented him from sleeping, so I gave him another dose of the chloral and bromide, and ordered him to be kept absolutely quiet.

Visited my patient again at 11 A.M., October 7th, and found that he had rested tolerably well after I left him, had eaten breakfast, and was apparently as well as ever. When asked about his condition, he replied, "I feel awfully broken up and sore," and was apprehensive that he might yet die from some latent effect of the strychnine.

I have written a brief sketch of the facts observed in this case, and would beg leave to call attention to the following conclusions drawn from them:

1. That toxic doses of strychnia act in the same way upon almost all animals, however much the susceptibility may vary.

2. That quite a long interval may intervene between the taking of strychnine and the development of its poisonous effects, which was more than an hour in this case.

3. That the muscular rigidity disappeared, first, in point of time, from jaw and muscles of deglutition; second, from the legs and arms; third, from the spinal region; fourth and lastly, from the muscles of respiration.

4. That if death had occurred, it would have been from asphyxia caused by spasm of the diaphragm and other muscles of respiration.

5. The large amount of strychnia taken at one time, none being removed from the stomach. A reliable druggist put up twenty grains of the crystalized alkaloid for my patient, who will now swear that he took every particle of it at one time.

6. The large amount of chloral hydrate, two hundred and sixty grains, and bromide of potash, four hundred and twenty grains, administered in a short time without producing any of their ordinary effects on the brain or nervous system, showing that they must have been antagonized by strychnia already taken.

7. That in these drugs we have found a physiological antidote to one of the most deadly poisons in our materia medica, and achieved one of the greatest triumphs known in modern therapeutics.

HOPKINSVILLE, KY.

Miscellany.

THE PHILADELPHIA BULLETIN ON THE CODE.—As a matter of news, in our last issue we gave, editorially, the action of the New York Medical Society in regard to the Code of Ethics which should govern them hereafter. We said, speaking in a pitying sense, "we hope the action they have taken is a wise one." In order to prevent any misconstruction of the sentence just quoted, we would distinctly and plainly say that The Bulletin utterly disapproves of the course taken by the New York Society, and is decidedly opposed to any innovation or departure of the grand Code of Ethics given to us for guidance in our professional relations by the American Medical Association. For of its principles it may well be said—

"Men may come, and men may go,
But they go on forever."

[If opposed to the idea, why hope "it is a wise one?" We are glad to learn that the editor of the Bulletin did not mean what he seemed to mean.]

NEW YORK POLYCLINIC.—One hundred and twenty physicians have taken out the various tickets of the New York Polyclinic, since the opening of that institution, November 7th, last. Three thousand patients have been presented to them for clinical study. A reading-room has been established in the polyclinic, where all the leading medical journals are on file for the benefit of the physicians in attendance.

A YOUNG WAITER at a wine merchant's, about a week ago, says the Lancet, March 17th, accidentally swallowed an iron nail about three inches long. A day or two after symptoms of incipient inflammation of the bowels set in, which, however, soon subsided, and he is now perfectly well, the nail having passed in his stools without any inconvenience to the patient or without any treatment, not even a purgative.

ERGOT in the radical cure of hydrocele, in two-dram doses injected into the sack, is highly recommended by Mr. J. E. W. Walker, in the British Medical Journal.

TEMPERANCE APPELLATIONS.—Hydropots and aquabibs are epithets bestowed by the champions of alcohol in London upon the temperance folk. Alcohollowers, the evil spirit's advocates might be called.

The Louisville Medical News.

Vol. XV. SATURDAY, APRIL 14, 1883. No. 15.

LUNSFORD P. YANDELL, M.D., - - }
L. S. McMURTRY, A.M., M.D., - - - } Editors.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITORS OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

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JOHN P. MORTON & CO.,
440 to 446 West Main Street, Louisville, Ky.

A GENEROUS ACT.

In a recent number of this journal we published a communication from a well-known physician of this city, in which it was stated that the recent action of the New York State Medical Society was nothing more or less than a desire to affiliate with quackery, adding, that since it is often necessary to refer our friends and patients going eastward to physicians, it is important to know those members of the society who have voluntarily severed their connection with the medical profession of the country. Our correspondent requested that we publish a list of the names of the advocates of the new code in an early issue.

We appended at the time an editorial note to our correspondent's communication, saying that in our issue of February 13, 1883, could be found an account of the proceedings of the New York State Medical Society, and by examining the same the leaders and advocates of the new-code movement could be determined. To our surprise we find in the columns of the Medical Record, of New York, the following:

A GENEROUS ACT.—The Louisville Medical News publishes a list of the New York physicians who were active in sustaining the present code of ethics, and now impliedly recommends that the physicians of the South and West send no patients to these gentlemen, on the ground that they are dishonest, mercenary, and desirous of affiliating with and encouraging quackery.

The misrepresentation is apparent and positive. A simple reference to the published proceedings of the society, furnished this journal by a member of that society, is perverted into a publication of a list of the advocates of the new code. In addition to this the communication of our correspondent causes the following expressions from some prominent New York physician who was interviewed by a reporter of the New York Tribune. We extract from the metropolitan daily the following:

It is said that the specialists among the liberals who so far forgot their duty to science and humanity as to confess a willingness to consult with homeopathic physicians have been made to feel the inconvenience suffered by the land-owners and agents in Ireland. They have been "boycotted" by the conservatives. The loud-voiced champion of this method of conversion is the Medical News, a journal printed in Louisville, Ky., which manifests great concern in New York affairs. This journal has printed a black list of the liberals who voted in favor of the new code, and called on all other physicians to withhold business from them. "It is significant," said a liberal yesterday to the Tribune reporter, "that the most valiant defenders of the profession are in Tuscaloosa, Louisville, and the Louisiana cities.

Comment upon these expressions of our New York friends is scarcely necessary. The advocates of the new code have indignantly repelled, at all times, the most remote intimation of any mercenary interest in the movement; yet upon the slightest suggestion of an interference with consultations they exhibit the utmost sensibility. An allusion to this feature of the movement by a correspondent in our columns brings upon us the above maledictions, with the cry of persecution. The bearings of it all are quite evident. Our brethren in New York who have advocated the new-code movement surely have not gained the fullest self-approval when they wince at *the mere suggestion* that a list of their names be given the profession. Surely they can not expect to affiliate with irregular practitioners and retain the partiality, esteem, and confidence

of the profession of the whole country. The business feature of the movement is inevitable, and it was supposed that it had been fully considered.

While denying the charge that this journal has published a "black list" of the advocates of the new code, and called upon the profession to withhold business from them, we must confess that here in "Louisville, Tuscaloosa, and the Louisiana cities" the profession is so old-fashioned as to still cherish the traditions of medicine, cultivate an *esprit de corps*, and hold the honor and dignity of medicine as a profession in high esteem.

THE STATE BOARD OF HEALTH.

In another column will be found an outline of the proceedings of the State Board of Health of Kentucky at its recent meeting in this city. We learn that a resolution was adopted instructing the secretary to furnish regularly for the press reports of the proceedings. This is a move in the right direction. Hitherto there has been no way to learn any thing of the board's proceedings or of its plans except what may be found in the annual reports, of which only a limited number are distributed. It is eminently proper that the board should, like similar organizations elsewhere, publish in the medical press an account of its proceedings, and thus place itself *en rapport* with the profession.

It will be observed that the board purposes undertaking some genuine practical work, which, if energetically executed, must prove of value to the public health and to sanitary science. There are strong indications that the board will at an early day give evidence of certain reforms which are essential to its efficiency and success. At present the really earnest workers in the board are contending with almost insuperable obstacles. The two members who never attend the sessions of the board, and manifest no interest in its success, should energetically enter into the work or resign. We hope the board will soon be in such shape as to discharge its duties with benefit to the public, with aid to a growing science, and credit to the profession and its own membership. The criticisms made by the medical press upon the board's methods and its failure in the execution of practical sanitary work, together with the agitation of the subject at the meeting of the State Society last week, will in the end prove of wholesome influence. The interest manifested in the subject by the profession of the State may be taken as almost a guarantee that, when convinced of the earnestness and capabilities of the board, the profession will give its co-operation to the successful execution of its plans. This co-operation is essential to success. We believe the board has determined upon an active and energetic course, and hope its efforts will be rewarded with abundant success.

THE STATE MEDICAL SOCIETY.—While some most excellent and valuable papers, together with the reports of clinical observation and practice, were presented at the recent meeting of the Kentucky State Medical Society, the attendance, activity, and interest on the part of the membership as a whole was by no means up to the standard of the past ten years. The society has too much of age and tradition to suffer permanently from any temporary lack of interest or exertion on the part of its membership, and such occurrences are usually the result of accidental causes. The committees appointed for the next session should begin at once to formulate plans for the preparation of such reports as will be worthy of discussion and publication. The selection of the next place of meeting was a happy one, and the society is most fortunate in having elected with perfect unanimity Dr. J. N. McCormack, of Bowling Green, to the presidency. His services to the society made such recognition eminently appropriate, and his characteristic energy will be manifest in the proceedings of the session of 1884. We publish elsewhere the proceedings in full.

Medical Societies.

THE KENTUCKY STATE MEDICAL SOCIETY.

Twenty-eighth Annual Session, held in Louisville, April 4, 5, and 6, 1883.

The society convened in regular session at Masonic Temple at 12 M. on Wednesday, April 4th, with the president, Dr. A. D. Price, of Harrodsburg, in the chair. Dr. Coleman Rogers, of Louisville, as chairman of the Committee of Arrangements and Credentials, welcomed the society to the city in the following address:

Mr. President and Gentlemen of the Kentucky State Medical Society: As chairman of the Committee of Arrangements and on behalf of the medical profession of Louisville, it becomes my pleasing duty to bid you a cordial welcome to our city. Two years ago, at Covington, by a resolution, it was seen fit to make Louisville the permanent place of meeting, thus doing away with the time-honored custom of going by invitation to various points in the State. In the wisdom of some it was also thought best that the meetings of the society should be devoted strictly to purely scientific matters; that the minds of the members should be only on business thoughts intent, and that the elements of conviviality and pleasure, other than that purely intellectual, should be ignored.

For these reasons the committee have made no arrangements for your entertainment other than those conducive to the comfort and convenience of the society while in session. We have made no provision for a banquet or for any thing calculated to divert all these learned Thebans from the business aspects of the meeting. But our hearts and our homes are open to you all, nevertheless.

This is not the time to discuss the propriety of meeting every year at the same point and of discarding so much of the pleasurable features of our annual meetings. While the main object of all State medical societies is the discussion of scientific topics, it can not be denied that the interest attaching to them is largely increased by the addition of something which softens the tedium of dry discussion and debate. It remains to be seen whether the membership of the society will continue to enlarge by meeting always at one point, and whether the attendance will increase when there is lacking that recreation which is afforded by members meeting in both convivial and scientific converse their confrères in different sections of the State.

With the hope that your visit here will be both pleasant and profitable, and that our work will reflect credit on you as physicians and on our noble calling, we again bid you welcome.

The report of the treasurer, Dr. Edward Alcorn, of Hustonville, was presented by the secretary and, on motion, was approved. The secretary, Dr. L. S. McMurtry, of Louisville, made his annual report. Letters were read from Prof. S. D. Gross, M.D., and Dr. J. J. Woodward, both honorary members of the society. The report of the secretary dealt in detail with the correspondence and publications of the society during the past year, and, on motion, was recieved and approved. The following letter of Prof. Gross was listened to with attention and was highly appreciated by the members:

My dear Dr. McMurtry: I have received your card of the 8th instant, inviting me to attend the meeting of the Kentucky State Medical Society on the 4th of April, at my old, well-cherished home, and at the same time contribute a paper. I need hardly say how deeply I regret my inability to be with you on an occasion which will no doubt be rich in enjoyment and rich in contributions to medical science.

Forty-two years have elapsed since my then colleague, the lamented Drake, and I were deputed by the Medical Faculty of the University of Louisville as delegates to attend a convention at Frankfort, called at the instance of Dr. George Sutton, of Georgetown, to assist in the formation of a State medical society, of which the present society is the offspring. The attempt was a signal failure, and it was not until the following year, if indeed so soon that, Dr. Sutton's efforts were crowned with success.

Since the date of my visit vast changes have taken place in and outside the profession. Medical education has been greatly improved, and the practice of medicine has assumed many new features, while many of its branches have been completely revolutionized. All my old colleagues, with the exception of two, of the University of Louisville, are dead, and most of my old personal friends of Louisville are moldering in their graves. My own days are numbered; time has made me an old man, and I can not expect to attend many more public meetings of any kind. All that I can do is to send you and all the rest my love, and my best wishes for your and their prosperity and happiness. Always truly your friend,

S. D. Gross.

The Committee on Credentials reported, through its chairman, that the following applications for membership had been received and considered, and the gentlemen were recommended for membership: Dr. E. S. Moss, of Williamsburg; Dr. Ancil Gatliff, of Williamsburg; Dr. Walter Byrne, of Russellville; Dr. R. Maupin Ferguson, of Louisville; Dr. William C. Webb, of Bryantsville; Dr. T. D. Finck, of Louisville; Dr. W. A. Jemison, of Eminence; Dr. J. A. Stucky, of Lexington; Dr. Geo. Horine. On ballot the above applicants were elected to membership.

Dr. T. B. Greenley, of Jefferson County, made the report on the Progress of Materia Medica and Therapeutics. He referred to the extensive use being made of iodine and iodide of potash as well as carbolic acid in the treatment of typhoid and malarial fevers. His experience in the treatment of intermit-

tents is favorable to the further trial of the sulphites and hyposulphites. Borax in epilepsy he recommends when the bromides fail. Atropine and ammonium bromide have likewise served, in his experience, as useful remedies in the treatment of spasmodic affections. The treatment of vomiting by the use of water as hot as it can be borne he refers to as an old treatment revived to subserve a useful purpose. The viburnum prunifolium has maintained the reputation it acquired upon its advent into professional favor as applicable to threatened abortion. Eucalyptus globulus has failed to meet the expectations indulged by those who anticipated in its use a valuable substitute for the preparations of Peruvian bark. Pinus canadensis, for chronic diarrhea and inflammations of the urinary passages, Dugong oil, as a substitute for cod-liver oil, calcium chloride, in glandular enlargements, have each been productive of good results in the author's hands. The writer referred to the changes made in the quantities of active ingredients in the standard preparations in the new pharmacopeia, and wisely cautioned that care be exercised in designating the quantities of them when ordering them in prescriptions.

In the discussion which followed, Dr. P. B. Scott, of Louisville, called attention to the fact that one advance in the preparation of medicines had been overlooked by the author of the report on therapeutics, and he therefore exhibited for inspection the compressed tablets as illustrating an elegant mode of administering the various alkaloids in practice. Their porosity and therefore ready solubility are qualities that recommend them to the attention of the profession.

Dr. J. A. Larrabee, of Louisville, commended the spirit of the author in the pains he had taken to elaborate his paper. "Sometimes in our progress, however," said he, "it is best to call a halt for the sake of a rest. It seems to me that a committee should be appointed to report upon the efficacy of *old* remedies and the *new* uses of them by various modes of administration to meet various indications. It must be admitted that we are running to an extreme in the use of new remedies; and at the present time, if we indorse every thing that comes before us, we will soon have to choose of the medicines prepared instead of medicines in general to suit the disease. However paradoxical it may seem, it is just possible for us to take a step in advance in this matter by taking two backward. A discussion upon the proper use of the medicines we must rely upon in the treatment of disease would be quite as profitable as a discussion upon the subject of new remedies. A very important point entering into the consideration of medicinal effects relates to time and mode of administration: by different doses at different intervals different results are secured. We use ipecacuanha in one dose to provoke emesis, in another to check it; we use it to increase the tone of the stomach; we use it to cause increased secretion and fecal dejections when these have been arrested by some diseased process. This applies to all medicines. In other words, there is no fixed dose of any medicine. This is subject to modification with respect to time, manner, and mode of administration, according to the effect to be produced. Many practitioners fail to regard the elimination of medicine as an important factor. Some have their effects, and pass out of the system in a given period of time; others in quite a different period; therefore a continuous effect is acquired by knowledge of the period of elimination and attention to the interval between administration of doses. These and many other considerations make it important that more attention should be given to our old, long-tried and reliable articles instead of spending time in this fruitless search for remedies (specifics)."

Dr. J. W. Holland, while agreeing with the preceding speaker in the main, called attention to the unreliability of manufactured preparations of the standard medicines, and particularly the unreliability as to quantity in quinine pills said to contain one, two, and three grains each. The speaker claimed to have knowledge that justified the statement that such were almost invariably of short weight, no matter by what manufacturer made. In many instances pills marked two grains contained but a fraction over one, and others varied accordingly. The purity of the alkaloid in many could not be warranted, not even commended. He referred to an analysis, which is to appear shortly in the medical press of Louisville, on which these statements are founded, this analysis having comprehended pills made by various establishments, not one of which is to be designated in the report.

Dr. W. M. Fuqua, of Hopkinsville, as chairman of the committee, delivered the report on Surgery. Wound treatment first engaged the speaker's attention. Under this head reference was made to antisepsis

as practiced by applications such as carbolic acid and iodoform. The speaker deprecated the almost universal use of iodoform for the reason that absorption of the drug has been followed by unpleasant mental symptoms showing the poisonous effects of the drug when absorbed. Drainage received fit consideration in this connection. The field of micro-organisms was hastily scanned, and the lessons of the first discoveries in the field applied to those of later dates, and the influence upon future investigations foreshadowed. The germ theory, as applied to typhoid, malarial, and scarlet fever, found in the author a firm believer and forcible exponent. "Peritoneal surgery," the speaker said, "has grown with the growth of the antiseptic system. In the treatment of wounds involving the peritoneal cavity, Sims voices the most recent utterance when he declares that unfavorable terminations are the result of septicemia and not peritonitis, and that this septicemia is due to effusions into the peritoneal cavity. Resection of the pyloric extremity of the stomach has been performed perhaps fifteen times. Three thus operated upon are still alive. The probabilities are that the operation will never be recognized as a justifiable procedure. Operative procedures for the relief of intestinal obstruction, colotomy; rupture and gunshot wounds of the bladder; hernia, and operations upon the chest and lungs were each in turn considered. In gynecology the greatest advances have been made by native talent. Operative measures for the relief of epilepsy, as recently shown by Dr. Alexander, are likely to be productive of benefit, and will shortly, in the estimation of the speaker, prove of recognized utility. Shock, that peculiar and often fatal condition incident to grave surgical operations and injuries, was not clearly understood until of late years. Light has been shed upon the subject by recent investigations which indicate that the condition is one of paralysis of the abdominal vessels and nerves, for the relief of which alcohol, ammonia, and especially ether and atropia are most efficient.

Discussion of this paper was confined to a consideration of the subject of antiseptics, and particularly the dangers attendant upon the use of iodoform.

Dr. J. M. Mathews, of Louisville, said: "I have been highly edified by the paper. There was one point that impressed me from the beginning, and I wish to call attention to it in order to elicit a discussion from the society. The author mentions that the ideal antiseptic has not yet been discovered, and in making this assertion he speaks of iodoform in disparaging terms because of the danger attending its absorption. In a special way I have used this agent for a number of years; and notwithstanding the fact that I have seen daily in medical journals and heard it spoken of as being dangerous, I have used it freely without once having reason to suspect that by its application I had done the patient harm. In treating diseases of the rectum I have used it freely, packing an ulceration with it as many as three or four times a week, and continuing this for three or four weeks, until a healthy action had been excited. I have yet to meet a single case wherein any deleterious or dangerous symptoms followed as a consequence of its use. As to its local effect, I think no surgeon can have a doubt as to its excellence."

Dr. D. W. Yandell, of Louisville, said: "The point raised by Dr. Mathews is one of importance. What the chairman of the committee has said touching the dangers of iodoform does not apply to its application to the small surface to which it must be applied in cases of affections of the rectum, but to the absorption of the substance when used in enormous quantities. I do not infer that iodoform used upon small ulcerating surfaces would be accompanied by any danger. I wish to confirm in my own experience the value of iodoform in rectal troubles. I have found it of especial use in the treatment of hemorrhoids after operation for removal by any of the usual methods. In some cases there is a good deal of active inflammation left, in others a sluggish condition of the parts, a calloused-edged ulcer, or much infiltration in the adjacent tissues. Under these circumstances, but more particularly in the acute ulceration that follows, I have almost invariably gotten good results from iodoform. I quite concur in the remarks of Dr. Mathews touching its harmlessness. I have never known a patient to complain of it, nor, in fact, any ill from it at all. I think it has been much overrated because it has been used in too many conditions. As has been said of Martin's bandage, the only trouble with it is that it does too much. I am sure that in many forms of ulceration, and particularly in venereal ulcers, it is a valuable addition to our surgical remedies."

Dr. D. S. Reynolds, of Louisville, while quite agreeing with the gentlemen with reference to the importance of the use of antiseptics, recognizes a great difficulty in the

want of a selection of the proper kinds of antiseptics for particular conditions. Thus, the chloride of sodium is an efficient antiseptic in acute purulent inflammations of the mucous membranes, while boracic acid is applied with better results to those of a chronic form. Thymol and eucalyptol are of like benefit in the treatment of those inflammations which become septic by becoming purulent, as in the cavity of the middle ear, the tear-passages, and other similar conditions. The aspergillus albicans, which invades the external ear, is destroyed perhaps more readily by eucalyptol and thymol than by other agents, though boracic acid is not to be neglected in fungoid growths of this character. The tinea tonsurans, which invade the hair follicles, are quickly destroyed by boracic acid. When we are able to classify the germs we shall then be able to arrive at some definite conclusion as to the selection of the germicide applicable.

Dr. Holloway, of Louisville, thought it would be better to classify these remedies as germicides rather than as antiseptics. So far as iodoform is concerned, he looked on its action as simply alterative; the same is true of the local action of carbolic acid.

In speaking further of the subject, Dr. Fuqua related two cases that came under his own observation in which the persistent use of iodoform resulted in mental derangement to such an extent as to make it necessary to withdraw it.

Dr. Andrew Seargent, of Hopkinsville, stated that, during his term of service as interne at the Louisville City Hospital, iodoform had been used according to Col. Seller's directions for the use of his eye-water; that in the venereal wards it had received the designation of the ward cologne, and, so far as his observation had extended, it had produced no injurious constitutional effects.

Dr. D. W. Yandell, of Louisville, concluded that in those cases in which the use of the drug was followed by unpleasant manifestations they arose from some idiosyncracy of the patient.

The nominating committee was then announced, and the society adjourned to meet at nine o'clock

THURSDAY MORNING.

Dr. Turner Anderson, of Louisville, chairman of the Committee on Nominations, made the following report from that committee:

President—Dr. J. N. McCormack, of Bowling Green.

Senior Vice-President—Dr. J. M. Riffe, of Covington.

Junior Vice-President—Dr. J. M. Harwood, of Shelbyville.

Secretary—Dr. S. M. Letcher, of Richmond.

Assistant Secretary—Dr. J. S. Moore, of Lebanon.

Treasurer—Dr. H. Brown, of Hustonville.

Librarian—Dr. A. M. Vance, of Louisville.

Bowling Green was recommended as the next place of meeting.

On motion the report of the committee was unanimously adopted.

Dr. Anderson then read the following resolution, which the Committee on Nominations recommended for adoption by the society:

Resolved, That the Kentucky State Medical Society receives with regret the resignation of Dr. L. S. McMurtry as permanent secretary.

Resolved, That the thanks of the society be accorded Dr. McMurtry for the able and faithful manner in which he has discharged his duties, and for his untiring devotion to the interests of the society.

On motion the above resolution was unanimously adopted.

The following Committee of Arrangements and Credentials was appointed for the next session: T. J. Townsend, chairman, Bowling Green; W. E. Hatcher, Bowling Green; J. F. McElroy, Bowling Green; Walter Byrne, Logan County; J. P. Thomas, Christian County.

The first paper read at this session was a report of the Committee on Medical Ethics, by Dr. F. J. Yager, of Campbellsburg.

Dr. Preston B. Scott, of Louisville, was announced to make the report of the Committee of Obstetrics. He read instead a paper on the subject of Disorders of the Menstrual Function. "Many young women," said the speaker, "suffer from dysmenorrhea, and in fact the functional disorders of menstruation have steadily increased. Pain, scanty and irregular monthly flow are the prominent features. Conditions which impair nutrition and depress nerve-force are the leading causes. The results are recurrent suffering, sympathetic disorders, reflex disturbances, and, in due time, local changes. In view of future married life, Emmet's tables show how large here is the field of preventive medicine. It is to this class of sufferers, and it is a very large one, attention

is directed. A few days since two young ladies, sisters, aged nineteen and twenty-one, came into my office looking the picture of blooming health. One had only a scanty flow, followed by severe frontal neuralgia after every monthly period. The other went to bed with fearful cramps for two days. They had been suffering thus for two years, and for the first time now had come to seek medical advice. Now Emmet has given us some valuable statistics showing how much the health and capabilities of woman have been influenced by disorders of early menstruation. I asked a young society lady, not long since, how many of her friends suffered as she did? She answered, 'Nearly all of them suffer severely; many have to remain in bed.'" These conditions, the speaker claimed, were due to the mode of life of women and girls at the present time. He cited the fact that it is no uncommon thing for as many as eighty girls and women to be seated in one room sewing in dress-making establishments in this city. Many others labor in factories from seven in the morning till six in the evening, in defiance of an undeveloped function struggling into healthful regularity. The speaker alluded to the deleterious effects of the forcing system of education prevalent in this rapid age. With respect to treatment it must ever be borne in mind that this function is a monthly cycle of nerve-force intensifying as it reaches its maturation, with a flow of blood and mucus, healthful, complete, and painless. To reach this end he directs his treatment to a period of apparent rest, a period of approach, and the period of actual flow. One of the chief difficulties the speaker has met has been to have patients keep their count and have a due regard to the circumstances of their living in so far as that influences the course of the flow. In the intervals their pain is forgotten, and hence, as a class, they are fastidious in regard to the taste of the medicines. Arsenic, strychnia, iron in the form of lemonade, as recommended by Goodell, all serve a useful purpose when given with due regard to the indications. At the approach it will be found necessary to resort sometimes to sedatives, sometimes to stimulants; for the former the pulsatilla anemone has stood the test of six years' constant application. The principal indication in all cases, however, is to utilize the interval of repose in restoring to a proper balance the depressed nerve-force. Medicines alone will often fail.

Dr. J. M. Matthews, of Louisville, said: "I am sure the society is instructed by this paper. One point in particular impressed me as of importance, and that was with reference to the reflex disturbances which sometimes occur in these cases of obstructed menstruation. Several years ago I met Dr. Scott in consultation in a case of this kind. It was then very singular to me, and at that time his instruction was so explicit and natural that I have never forgotten it. Before this girl could be examined it was necessary to break down the hymen, behind which was such an accumulation of offensive material as it had never been my experience to meet before. The relief which followed was immediate and permanent, affording an illustration of the value of determining exactly the existing conditions in each particular case.

Dr. McCormack, of Bowling Green, said, "The great value of this paper is found in its practical character throughout. It is just the character of paper that aids one in the treatment of cases that arise daily. I agree with Dr. Scott in attaching importance to preventive measures here as elsewhere."

Dr. William Bailey, of Louisville, suggested the importance of teaching patients the necessities that call for obedience to nature's laws. In the last twenty-five years physicians have gone to an extreme in the examinations of married women. Many of the disorders of the sexual system are dependent upon constitutional disease, not local trouble, and as such are better relieved by constitutional treatment. He objected to the physical examination of girls.

Dr. Pinckney Thompson, of Henderson, regarded the frequency of personal examinations as the besetting sin of the profession. There can be no doubt that local treatment, in many cases applied by ignorant and unskilled hands, is productive of many of the conditions from which womankind suffer. The author of the paper did not, in his opinion, overestimate the injurious effects of the modern system of female education. Among girls raised in the country, who are not subjected to these conditions, such disorders are exceptional.

Dr. J. N. McCormack, of Bowling Green, read a paper on Hygiene, which was for the most part devoted to a consideration of the duties and powers of boards of health, comparing the State Board of Health of Kentucky with the boards of other States. He discussed the duties and powers of local and county boards in relation to State boards, and exhibited a thorough familiarity with the subject.

Dr. J. A. Larrabee, of Louisville, in discussing this paper, said the greatest obstacle to the successful control and prevention of disease is the lack of knowledge and interest on the part of the people on the subject. In addition he called attention to the fact that here in this city, where we might reasonably expect the exhibition of attention on the part of our health authorities, during last fall in one neighborhood there was an epidemic of typhoid fever, during which he saw forty-five cases. All cases were distinctly traceable to one well used for drinking-water, and the well has never received any attention in the way of cleansing, but remains open for use and for the spread of disease.

Dr. J. W. Holland, of Louisville, remarked upon the value of agitation as a means of attracting public attention to matters of public concern, and also as a means of educating the people on such subjects as they should be instructed in. He therefore, as a member of the health board, hailed the evident awakening of interest in all parts of the State in sanitary matters. He thought he could clearly see a growing interest not only among medical men, but among the people at large, in every thing that related to sanitation. The county boards were reporting with increasing regularity and cordially working with increased zeal. All this is good. It is a hopeful sign of the times, He added, "I think it may be safely said that you can estimate very correctly the amount of public spirit in a doctor, the genuineness of his philanthropy and the soundness of his head by his growing faith and activity in all sanitary work. And this being true, as I believe it now is, how much more shall it be true in the future! Much good from sanitary work may be realized in my day and yours—may not be made apparent. But let not that discourage you. We are none the less responsible, for our descendents, our posterity will reap the good of our labors. Our children and our children's children will be made the healthier and their lives made the longer by what is done in sanitation in our day." Dr. Holland then referred to two medical journals of Louisville, the Louisville Medical News and the American Practitioner, which in recent issues had contained criticisms of the State Board of Health of Kentucky, charging it with inefficiency, lack of industry, etc. He was glad those journals had directed attention to the board. He was sure their criticisms would awaken new interest in the work. Indeed, without intending it, the journals in question had done the board a real service. He, for one, as a member of that board, was disposed to thank the News and Practitioner, more especially the "Country Doctor" in the latter, for what they had said of the board. He dwelt at some length and in positive terms upon the latter's criticisms of the board's work and methods. He closed his eulogy of the board by appealing to the society and the profession throughout the State to uphold sanitary medicine as represented at present by the board, and begged that they "Cheer us if we run, console us if we fall; but for God's sake let us pass on, let us pass on!" In concluding his remarks the speaker addressed himself particularly and pointedly to the comments of the "Country Doctor" in the April number of the American Practitioner.

Dr. D. W. Yandell replied in part as follows: "I had not expected to hear any discussion on this floor of the Health Board of this State, and I regret that the time of the society is to be consumed by the words of its friends—if it has any friends outside of itself—scattered in its defense or concentrated into assaults upon its critics. I had much preferred that the board and its doings—if it can point to any doings—should have appeared in other fields and at other times. But the language of the last speaker contains so direct an attack upon the journal of which I am the senior editor that I propose, first, to reply to some of his remarks, then to repel others, and incidentally to tell some things which the 'Country Doctor'—apparently the head offender in the eyes of the health board—omitted in his dialogue, as reported in the number of the Practitioner just issued. Yet the champion of the health board, its standard-bearer for this occasion at least, tells the society that this very dialogue, which he so condemns, has helped the board—done it a service by bringing it into notice, if in no other way—and as a member of the board he returns thanks to the journal which contained it. I am sure, Mr. Chairman, you will agree with me that he is thankful for very small favors. The concluding words of his peroration, borrowed from a great English statesman, expressed just what the board does most desire—to be allowed to pass on; to pass on in its sloth, its inattention to its duties, in its neglect of the business of preventing the spread, checking the progress, and mitigating the severity of disease, of lengthening life and abating suffering. But

this is precisely just what the profession in Kentucky no longer proposes to do. For five years, now, the board has been permitted to pass on, with no one to molest or direct attention to its shortcomings. All that is changed now. Henceforward there are those who will direct the attention of physicians all over the State to its defects, its inexcusable sloth, to the general worthlessness of its reports, to the small returns which the board has yielded during its official life; to the fact that in that time the State has paid to the board $12,500—for what? Why, sir, for four or five reports, if they rise to the dignity of the name, perhaps, as many lectures, a few circulars, and those even borrowed in the main from those issued by boards in other States. Mr. Chairman, do you know that during one entire twelvemonth all that the board did was to send, through its secretary, two postal-cards to each of its members? a total of twelve cards, and that these cost the State for that year the enormous sum of twenty-five hundred dollars? Think of that, sir, and then see if you can divine where the labors, the work of the board, come in! Isn't that play instead of work? Certainly you would not call it work. But let it be so called, if you choose. The word pleases the board. They will repeat it so often that perhaps in time they will come to believe it actually expresses the truth. Did any member here ever read the proper work—the reports of the board? By my faith, I declare the reports are not worth the paper they are printed on! Nor am I alone in this opinion. Not at all. No less a person than a member—a prominent member at that—of the board said of at least one of these reports that it was absolutely worthless. The board is pleased at being noticed. The board is very welcome to such notice—such serviceable notice—such friendly notice as the American Practitioner has given it. The gentleman who has just preceded me considers the journal as inadvertently the friend of the board. You will excuse me for illustrating this questionable friendship by an anecdote whose applicability to his remark must excuse its coarseness: 'He's a friend of mine,' exclaimed a youth who was panting from a chase given him by an injured companion. 'He's a friend of mine, I tell you. I know it by a remark he made when that other fellow was after me. He yelled out, "Go it, shirt-tail, he's a gainin' on you!"' If that kind of friendship is sought by the board, they'll find it in abundance both in this society and out of it.

"Mr. Chairman: To-day is almost the first time in the history of the board when it has appeared in force on the floor of this society. The members of the board are here for a purpose. Whether that purpose is to-day what it was before 'the dialogue' occurred, I will not inquire. One thing is plain, the gentleman who has just addressed you was selected by his colleagues of the board at its meeting last night to bring on this engagement. He first set forth in his engaging way the doings of the board, then he criticised the critics, assailed a portion of the medical press, and invoked the aid of the society. Mr. Chairman, there has never been a day when the American Practitioner would not have gladly and at once lent its support, whatever that might be, to the board, had that organization given one, yes, one evidence of having merited it. But in all the years of its life it has given not one—no, not one. Inattention and inefficiency are the two words which describe its conduct of the business for which it was created. Worthlessness is the single word which describes its reports. Mr. Chairman, I can not close without referring to the temper which has been shown by the board under the very temperate criticisms made of its doings by the Louisville Medical News. Doubtless the society has seen those criticisms; and no one outside the board can gainsay that while plain they were courteous and good natured. Yet the first one had scarcely appeared before the board rushed headlong into the secular press and put in the Courier-Journal a very tart reply—a reply which was in any thing but the spirit which should characterize even public servants, much less that which belongs to the genuine worker in the sacred fields so charmingly described by the last speaker, and which he tells us are so industriously cultivated by himself and his colleagues of the board. Perhaps these remarks will suffice for the present."

Dr. Pinckney Thompson, President of the Board, replied to Dr. Yandell by saying he did not intend to defend the board. The board had done, in his opinion, good work, and could afford to stand on it. No doubt it had committed mistakes; but it straightway set about rectifying them. It was learning every day. He rose in the hope that he might be able to say something to arouse in the minds of the members an interest in the success of the board, and also to correct

some of the erroneous statements of his friend, Dr. Yandell.

"It clearly appears, Mr. Chairman, that just such speeches as Dr. Y. has made, and just such articles as he has published, have been heard and published about every public health organization from the National Board of Health down. The State Board of Michigan has not escaped such and even worse criticism. It has been persecuted. Yet it is composed of good men—of the best men in the State. The health board of Massachusetts even, which has among its members such men as Bowditch and others of like fame, has been persecuted in like manner. The National Board of Health, containing among its members the names of men of world-wide fame, has been absolutely crushed out by the very spirit shown by Dr. Yandell in what he has said and written.

"Dr. Yandell declares the reports of the board are not worth the paper they were printed on. How often and how truly might this be said of the articles contained in some of the medical journals! (Laughter.) The board had found much to do. No doubt there were many things left undone which it was desirable to do, but which could not be done because the board had neither the power nor the funds to do. In Michigan and Massachusetts the health boards have authority to enforce measures for the protection of the people against disease; they also have the money to back them. In Kentucky we have neither. The board has published reports and issued circulars it has so happened, it appears, that Dr. Yandell has not seen. The board believes it has done well. It can do still better if the legislature will increase its authority and its money."

Dr. D. W. Yandell in reply said that "the discussion of the subject during the last half-hour had wrought a wonderful change in the pretensions of the board. At the opening of the discussion the board had done wonders and were on the eve of doing greater things; now the president tells us that the board has failed in many particulars. The truth is, the board is well aware that the comments which have been made upon its inefficiency and the impracticable nature of its feeble efforts by the medical press of this city and the country at large are founded on facts. I would ask the physicians of Kentucky here assembled, if they have been able to witness any where an influence exerted by this board in preventing disease or promoting the public health in this State? The board has done itself no honor and reflected no credit on the profession of this State. In real practical sanitation it has done nothing. No efforts have been made to redeem certain portions of the State from preventable disease. Nothing has been done toward gathering the necessary information for improving the public health in Kentucky. Concerning the important subjects of water-supply, food, and kindred topics nothing has been done. These statements are known to be true by every physician in Kentucky as well as by the members of the board."

Dr. J. N. McCormack made a statement as to the work of the board, giving a resumé of its work during the five years of its existence. He gave in detail the labors of the board during the yellow-fever epidemic of 1878.

Dr. Thos. F. Rumbold, of St. Louis, by invitation, read a paper on the Treatment of Chronic Naso-pharyngeal Catarrh. Dr. Rumbold holds that chronic inflammation of the nasal mucous membrane is not like the inflammations of mucous membranes in other situations; therefore he holds that the general practitioner of medicine, while he may understand the usual effects of applications of medicines in situations in general, is not capable of treating inflammations seated here, unless acquainted with the action of drugs in this particular situation. The cause—at least one of the most of prolific of causes—of inflammations here is cold, oft-repeated and neglected. He speaks of the modifications which age exerts upon the process as seated here; children and young persons show little inconvenience from exposure to a draft of air, while aged persons suffer quickly and severely. Men die from excesses, women from exposure. In order to successfully treat naso-pharyngeal catarrh, attention to these two points of lowered vitality in the two sexes must ever be borne in mind. Particular attention must be paid to the manner in which females are clad, and if this be not under the control of him who undertakes to treat such diseases, his reputation is likely to suffer in proportion to the failure of his treatment. In the means of applications of remedies to the disease he objects strongly to the douche. It can do no good, because it fails to make the application at the seat of the disease. It may be productive of harm, because it is unscientific. Dr. Rumbold objects to the application of water, either hot or cold, and maintains it is harmful because it is absorbed by the mucous membrane and produces a

greater state of congestion in it than existed before the application was made. Three essential qualities should be possessed by all applications made to the nasal mucous membrane. First, they should cause no pain; secondly, they should cleanse the surface; thirdly, they should be capable of transformation into such a form as to permit their application to every portion. All applications before being made should be brought to the bodily temperature, then they should be applied in the form of spray. Vaseline he recognizes as the best application with which he is acquainted. Two others exhibited and occasionally used were carbolic acid and eucalyptol. This paper was warmly received but not discussed.

Dr. W. O. ROBERTS, of Louisville, reported several cases of head injuries in which operative procedures had been rendered necessary. The first was that of a man who suffered a depressed fracture of the left antero-temporal region. On the eleventh day after the injury he was seized with violent pain in this region. Four days later he had a distinct chill, and soon after it was discovered that he had lost the power of speech and was paralyzed on the left side. A diagnosis of intracranial abscess below the external wound was made, and trephining advised. The operation was done, but the result was nil, no pus nor blood escaping. The next day the patient died comatose. Post-mortem examination revealed an abscess situated on the posterior surface of the cerebrum. The next case was that of a fireman knocked from the cab of an engine. He fell through a trestle-work to the ground below. When found he was insensible, with a gash along the left cheek and a cut on the left antero-temporal region. A sharp pointed rock near him was noticed to be covered with blood and hair on which he had evidently struck. He was roused to consciousness and walked the length of twenty-five cars, when he was put on the train and brought to Jeffersonville, several miles from the scene of the accident. He walked three squares to his home. On the second day convulsions supervened and he soon began to lose the power of speech. By the seventh day it had failed entirely. Late in the evening of the next day I saw him, when it was decided to enlarge the original wound and expose the depressed fragment if possible. This was done; the fragment was discovered and lifted out with a grooved director. Dark grumous blood to the amount of half an ounce escaped. The patient recovered and was present at the meeting for exhibition. Another case of a boy, six or eight years of age, was seen four days after his admission into St. Mary's Hospital. The wound occupied the center of the left frontal bone. Several days elapsed from the date of the injury to the ushering in of unpleasant symptoms. The depressed fragment was then elevated, though the trephine had to be used in order to get the elevator under it. Pus immediately began to flow. Later a hernia of the brain occurred, followed shortly by dissolution. Two other cases in which the result of trephining was successful were reported, but your reporter failed to get them.

Dr. D. W. YANDELL exhibited the skull of a woman who was operated upon by Dr. Gross, in 1854. In 1867 she began to have epileptic convulsions, which continued to occur till her death, in 1872. Over the opening made by the trephine in this skull, a fibrous membrane of considerable strength had grown. Just inside an excrescence the size of a pea was formed. From the irritation caused by this it is supposed epileptic manifestations arose. Another case of which he spoke was of a man shot, during the war, in the frontal region, and who, apparently fully recovered, was seized with epileptoid convulsions. In 1867 Dr. John O'Reily, since deceased, operated upon him, recovering quite a small portion of bone. He made a good recovery, and is alive to this day.

A youth, kicked by a horse, near the center of the frontal bone had a fracture, slightly depressed, but recovery took place without interference. In about two years he began to have epileptiform convulsions, and his temper underwent a change. Dr. Yandell applied the trephine, his epilepsy disappeared, his viciousness passed away, and he is now a useful citizen.

Dr. MCCORMACK, of Bowling Green, said, "A case was brought to my office a little more than a year ago to be examined, in order that I might testify as to his sanity. He was twenty-three years of age. Six years before he was struck on the head with a sharp pointed hammer, at which time he fell unconscious, and remained so for some time, but gradually recovered without any symptoms of trouble. He married at nineteen. He continued to all appearances well, until about six months before he came to see me, when he began to complain of great pain in the region of the former wound. He underwent some degree of emaciation. There was distinct depression at this point, though the

excessive tenderness there prevented entirely satisfactory examination. I removed a fairly large section, and afterward another section, and then rasped the edges. He recovered without a bad symptom. The remarkable feature in his case now developed itself. Shortly after he recovered he told me he had no recollection of any thing that had occurred from the day he was struck on the head until the day he was operated upon. I took every precaution to prevent any imposition, but he appeared to show no disposition to deceive me. When he first became conscious, after the removal of the bone, his impression was that a short time before he had been struck on the head. He had no recollection of his marriage. He had bought a small farm and partially paid for it, but he would not believe it until he had examined the records for himself. He appears now to be in perfect health.

Dr. Frank C. Wilson, of Louisville, reported two cases of tracheotomy, the result in one being successful; the patient, a little boy of about seven years, being present in person. In November, 1881, Dr. Wilson was aroused at night to see the little fellow, who had sometime previously been taken sick with diphtheria invading the nasal passages. A few weeks before, his brother had been attended by Dr. Senteny in the same trouble. The boy's condition in the evening did not seem to demand the attention of a physician, and Dr. Senteny had not been sent for. I explained to the father at once the dangerous character of the affection, and insisted that Dr. Senteny should be called. From that time till the operation was performed one or the other of us was with him constantly, and endeavoring by every means in our power to stay the disease. Nothing availing, and the little fellow growing worse, it was determined to perform it in the middle of the night. The incision was carefully and slowly made, and the hemorrhage stayed before the trachea was opened. The expulsive efforts excited by the passage of air into the opening caused renewed hemorrhage, which however soon ceased. A moist sponge was placed over the tube, which was cleansed about every two or four hours. The boy made a good recovery. The other case occurred in a younger child, and the operation was delayed until the last moment. In this case the child lived three days after the operation, and seemed to die as the result of accumulations of mucus in the trachea and bronchial tubes. Dr. Wilson also exhibited an apparatus which he had designed to warm the air before its passage into the tube.

Dr. Pinckney Thompson reported two cases of recovery from the operation, in each of which no tube had been used. Other cases in which it had been used had resulted unsuccessfully. He regarded the tube as harmful rather than efficacious, looking upon it as a foreign body in a delicate situation, and in itself sufficient to produce harmful irritation.

Dr. R. W. Dunlap, of Danville, spoke of two cases operated upon by the late Dr. John D. Jackson, both of which recovered. He used the tube in both cases.

Dr. D. W. Yandell reported a case in which the tube had been worn for a period of seven years.

FRIDAY MORNING.

Dr. Seargent, of Hopkinsville, reported a case of strychnia poisoning, in which recovery occurred after the ingestion of 20 grains. (See page 225.)

Dr. W. C. Webb, of Bryantsville, read a paper on pertussis in the treatment of this disease. Though opposed to the doctrine, Doctor Webb looked upon croton-chloral, when properly administered, as a specific. The dose for a child one year old is one grain every four hours; from six to twelve, two grains; but adults seldom can stand more than four grains. It should be given regularly at stated intervals, both night and day; at the end of a week, only in the daytime.

Dr. J. A. Octerlony made a thorough and detailed report on the Progress of Dermatology. This paper will appear in full in the American Practitioner for May, 1883.

Dr. W. H. Wathen, of Louisville, exhibited to the society a case of hollow needles, which he had devised with special reference to the introduction of silver-wire sutures. The needles have different curves, adapting them to operations upon the perineum, vaginal walls, cervix uteri, and to staphyllorraphy. These needles are in a general way upon the same principle as those manufactured for the same purpose by Charrier & Co. and Tiemann & Co., but possess qualities rendering them superior to any heretofore offered the profession. These instruments were manufactured for Dr. Wathen by Tafel Bros., of Louisville.

The president then announced the following committees:

Committee on Finance—Dr. J. D. Neet, Versailles.

Committee on Medical Ethics—Dr. Andrew Seargent, Hopkinsville.

Committee on Improvements in Practical Medicine—Dr. T. P. Satterwhite, Louisville.

Committee on Improvements in Surgery—Dr. L. S. McMurtry, Louisville.

Committee on Obstetrics—Dr. J. M. Riffe, Covington.

Committee on Hygiene—D. J. J. Speed, Louisville.

Committee on Improvements in Pharmacy—Dr. H. A. Cottell, Louisville.

Committee on Materia Medica—Dr. J. P. Thomas, Pembroke.

Committee on Ophthalmology—Dr. R. M. Ferguson, Louisville.

Committee on Otology—Dr. Stucky, Lexington.

Committee on Dermatology—Dr. C. J. Walton, Munfordsville.

Committee on Epidemics—Dr. J. M. Harwood, Shelbyville.

Committee on Vital Statistics—Dr. R. W. Dunlap, Danville.

Delegates to American Medical Association—Dr. D. S. Reynolds, Louisville; Dr. L. S. McMurtry, Louisville; Dr. J. A. Octerlony, Louisville; Dr. W. O. Roberts, Louisville; Dr. Geo. Bealer, Clinton; Dr. H. Brown, Hustonville; Dr. J. M. Riffe, Covington; Dr. L. P. Yandell, Louisville; Dr. J. P. Thomas, Pembroke; Dr. L. B. Todd, Lexington; Dr. W. H. Wathen, Louisville; Dr. J. N. McCormack, Bowling Green; Dr. T. B. Greenley, Jefferson county; Dr. Crawford, Bardstown; Dr. P. B. Scott, Louisville.

The Society then adjourned to meet in Bowling Green, on the first Wednesday in May, 1884.

THE STATE BOARD OF HEALTH OF KENTUCKY.

The State Board of Health held its regular annual meeting in this city yesterday evening, with Drs. Thompson, Dunlap, McCormack, Holland, and the secretary, Dr. J. J. Speed, present.

The secretary reported that, in accordance with the direction of the last meeting, circulars were sent to all health boards, asking information touching any contagious diseases in their counties. Replies have been received from many, showing an increased interest in the general subject of sanitation.

Reports from county health boards were then read. Among those to be specially noted was one from Dr. Knox, of Lewisport, concerning an outbreak of smallpox in Hancock County, in which, by prompt vaccination and isolation, the disease was stamped out. There were other reports of the same tenor from Drs. Coleman, of Murray, Robinson, of Warsaw, Baker, of Shelbyville, McElroy, of Bowling Green, Shepherd, of Scottsville, and Pinckney Thompson, of Henderson. Local outbreaks at Henderson, Robards' Station, and Hopkinsville, were clearly traceable to a railroad passenger from Evansville, Ind. The health authorities of Henderson, on learning that there were fifty cases in Evansville, at once declared an inspection quarantine against that city.

On motion, the State Board indorsed the action of the Henderson Board.

Dr. Dunlap gave an account of the arrest of the disease at Stanford by the prompt action of the health authorities there.

Dr. McCormack moved that the secretary open correspondence with local boards wherever any contagious disease may be reported in public print or otherwise, and in each instance to give directions as to the prevention of the spread of such diseases, and urge upon them the importance of prompt action.

Dr. Holland drew attention to the fact that the balance of credit was sufficient to justify some expenditure for expert opinion and analysis; and the better to secure that end he moved that the following committees be appointed, to make report in time for the next annual publication of the board, with authority to employ experts when necessary:

Dr. Thompson on "Judicial Procedure under our Health Laws."

Dr. Dunlap on "The Public School Buildings."

Dr. McCormack on "Suspected Drinking Waters."

Dr. Holland on "Adulteration of Food and Medicines."

Dr. Speed on "Inspection of Illuminating Oils."

The Committee on Finance reported that they had examined the books and vouchers of the secretary for the fiscal year just ended, and that they were correct, the balance remaining on hand to date being $1,322.

The board then adjourned.

THE American annual consumption of tea is 65,000,000 lbs. England consumes 145,000,000 lbs.

Selections.

THE BACILLUS TUBERCULOSIS.—Drs. Gradle and Woltmann thus terminate a paper on "The Diagnosis of Consumption by means of the Microscope," read at the Chicago Medical Society (Phil. Med. News, February 17th), from a general review of the facts hitherto made known, and their own investigations: "The inevitable conclusions from our own work, as well as that of other observers are, that every case of pulmonary tuberculosis can be diagnosed by means of microscopic examination of the sputum, even before the clinical examination reveals it with certainty; and that when repeated proper examination of the sputum fails to show the bacillus tuberculosis, pulmonary tuberculosis does not exist. To speak with certainty in any case requires, of course, that the observer should have familiarized himself with the methods and possess the proper appliances. Our success has been so invariable that we feel confident enough to challenge the society to produce a case of tuberculosis in which we can not demonstrate the bacilli."

CLIMACTERIC DYSPEPSIA.—Mr. Prangley, at a late meeting of the Norwich Medico-chirurgical Society, England, read a paper on a form of dyspepsia which he termed "climacteric." It occurs in women between the ages of forty and fifty. The symptoms are those of great nervous depression, with pain on the top of the head, noises in the ears, hot flushes and chills, with curious sensations in the abdomen. The dyspeptic symptoms are those of precordial distress, with palpitation, costive bowels, coated tongue, and foul breath. The treatment consists of the administration of bismuth, bicarbonate of potash, and ammonia, adding valerian if the nervous system predominate, followed by quinine, strychnia, and the dilute nitro-hydrochloric acid.

TINCTURE OF DIGITALIS has a more favorable influence to relieve symptoms due to organic heart disease when given in doses of one drop every half-hour, or hour, than when given in larger doses, according to Dr. A. A. Smith, who finds (New York Medical Journal) this method of administration much more satisfactory than the large doses three or four times a day. Castor-oil in doses of five drops every hour in water, with sugar and gum, he recommends for the diarrhea of children which is accompanied with slight inflammation, straining, and passage of jelly-looking matter, but not true dysentery.—*Weekly Medical Review.*

ODORLESS FECAL MANURE.—At a recent meeting of the Society of Engineers, Mr. Harry Olrick described A New System of Treating Fecal Matter, introduced by Baron de Podewils of Munich. The operations are all performed in closed vessels, so that no unpleasant odors arise; and, by a system of quadruple evaporation, the fuel necessary is reduced to a minimum. The resultant manure is said to be of high quality, and to realize from £9 to £10 per ton. The factory erected at Manchester has been in operation about three years, and, although laboring under the disadvantage of having to use coal costing £1 3s. per ton, is earning twenty per cent dividends.

TWO CASES of fracture of the base of the skull, with recovery, are reported by Mr. Jones, of the Manchester Royal Infirmary, in the Medical Times and Gazette, March 24th. In one there was a free discharge from the ear of a clear fluid, and in the other brain matter escaped. Both cases presented serious cerebral symptoms. Nature cured the cases.

CHLORATE OF POTASSIUM in fine powder has yielded excellent results when dusted on to the surface of ulcers and ulcerating epitheliomata. The surface should be cleansed and the powder dusted thickly on, and twice a day. It relieves pain and promotes healing by changing the character of the morbid processes.—*Weekly Medical Review.*

A CASE of spina bifida successfully treated by injection of Dr. Morton's iodo-glycerine solution, by Mr. E. Muirhead Little, is recorded in the Lancet, March 24th.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from March 31, 1883, to April 7, 1883.

Hammond, John F., Colonel and Surgeon, granted leave of absence for six months on surgeon's certificate of disability, with permission to go beyond sea. (Par. 6, S. O. 75, A. G. O., April 2, 1883.) *Hammond, John F.*, Colonel and Surgeon, to be relieved from duty in the Department of the East, and to report by letter to the Surgeon General, U. S. A. (Par. 7, S. O., 75, A. G. O., April 2, 1883.)

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, APRIL 21, 1883.

Original.

CONJUNCTIVAL BLENNORRHEA.*

BY R. MAUPIN FERGUSON, M. D.

In this paper I treat of a disease of very great importance to the general practitioner as well as to the specialist. I have endeavored to give a faithful representation of the precepts and practices with which I became acquainted during a prolonged course of study in the ophthalmic hospitals of Europe. With regard to the methods of treatment which I mention, I may state that I have been a frequent witness of their employment, with the exception of the acetate of lead treatment in chronic conjunctival blennorrhea or trachoma.

Under the title of "conjunctival blennorrhea" is understood an inflammatory affection of the conjunctiva, accompanied by swelling, redness, and a deposit of fibrino-plastic matter in the parenchyma of the lids which shows no tendency toward ulceration, and is accompanied by a more or less profuse contagious secretion of a muco-purulent or purulent character. Such is the excellent definition given by my former teacher, Prof. Arlt, of Vienna, in his valuable work, the *Krankheiten des Auges*. According to this definition, several forms of disease which are frequently treated of as separate diseases are embraced under one head. It will be found to include gonorrheal ophthalmia, certain forms of ophthalmia neonatorum, trachoma, and the so-called vesicular conjunctivitis. Although it is not positively certain that these are but various forms of one disease, this nomenclature recommends itself to us on account of the clear insight it tends to give into the nature, origin, pathology, and treatment.

If I infringe on your valuable time in giving rapidly and superficially some of the symptoms and incidents of this affection, I trust you will pardon it, in consideration of the extreme importance of the organ affected and the fearful ravages the disease has at times made. In the prison in Dublin in five years, between 1849 and 1854, there were not less than 134,838 cases, and at Mayence in 1819 there were 1,146 cases among the Prussian soldiery; that is, one third of the entire force. Since Napoleon's Egyptian war it has frequently raged in a fearful manner among the European soldiery. A disease capable of becoming so widely spread, and one embracing so many inherent dangers to the sight, is of an importance which can not be overestimated.

It occurs under two forms, the acute and the chronic. Acute blennorrhea includes gonorrheal ophthalmia and blennorrhea neonatorum. In the beginning it presents exactly the features of catarrhal conjunctivitis, from which it can only be distinguished by its rapid progress to a profuse blennorrhea, or by history of direct or indirect contagion. In the milder cases the palpebral conjunctiva is alone affected, and secretes a serous, mucous, muco-purulent or purulent discharge, according to the intensity and stage of the disease. If the case be more violent, the ocular conjunctiva likewise becomes affected, becoming edematous, chemotic. The inflammation continuing and increasing, the tissues become permeated by a fibrino-plastic matter and proliferating cells in such quantity as to give rise to a hard, brawny swelling having a somewhat yellowish tinge. In some cases a sort of croupous membrane is formed on the surface of the conjunctiva. The lids may be enormously thickened, hot, red, shining, and tense. This solid infiltration and great swelling of the lids is exceedingly dangerous to the integrity of the cornea, as thereby the nutrient anterior ciliary vessels are

*Read before the Kentucky State Medical Society.

compressed. Between these extremes various grades of intensity occur.

By blennorrhea chronica is meant granular lids, trachoma, or ophthalmia Egyptica, as it is variously called, as well as the so-called vesicular conjunctivitis. It may begin insidiously, presenting the appearance of granular lids from the beginning, or it may be preceded by the acute form. It is very rarely found to follow the acute affection in children. Careless persons may be affected with the disease for quite a long time without being aware of it. Granular lids are too common to need any description here. Two kinds of granulations, however, have been described—those due to hypertrophied papillæ, and others probably due to hypertrophied lymphatic follicles existing, possibly, in the normal membrane.

The difference between these two varieties has caused some ophthalmologists to consider that form characterized by the development of the latter kind of granulations as a special form of disease under the title of vesicular conjunctivitis.

These *vesicules* are small, roundish, pellucid bodies imbedded in the membrane, and have been likened to grains of boiled sago. They are said to consist of heaps of lymph cells. The two kinds of granulations are, however, very frequently found side by side in one and the same case.

The granulations are at times accompanied by profuse secretion, and at other times are dry, and so hard as to emit quite an audible sound when a probe is passed over them. In all cases there is more or less infiltration of the subconjunctival tissue extending often deeply into the tarsus. This infiltration finally undergoes a change into cicatricial tissue which, here as elsewhere, shows such a tendency to contraction, giving rise to incurving and irregular growth of the lashes, entropium, etc., with all their consequent evils. In connection with the granular lids pannus often becomes developed. This vascular opacity is generally confined to the upper part of the cornea, but may also affect the lower, and even extend over the entire cornea. By many this opacity is attributed to the friction of the rough lids over the cornea. Although this theory is exceedingly probable, Von Arlt believes that in many cases it is merely a direct extension of the affection from the conjunctiva bulbi to the conjunctiva cornea. The opacity consists of innumerable small, closely packed infiltrations, and one or more of these may go on to suppuration, giving rise to all the dangers of ulcers of the cornea. In some cases this infiltration changes into cicatricial tissue, leaving behind opacities.

The cornea with pannus often becomes softened, and gives way when the intraocular tension happens to be momentarily increased, thus losing its normal curvature and causing an error of refraction often so irregular as to be irremediable.

As the cause of all these varieties of this disease, contagion alone has been proved; possible is it that irritants, chemical or mechanical, are also capable of producing it, especially in the new-born. They have all been observed to follow inoculation with gonorrheal, morbid vaginal, and ophthalmo-blennorrheic secretions, and even with the secretion of old cases of gleet.

According to Piringer's experiments, the clear, watery secretion of blennorrhea is harmless, but the muco-purulent and purulent are exceedingly virulent, only losing their contagiousness when diluted with fifty or a hundred parts of water, as also by being dried and by being preserved for a long time.

What will be the result of inoculation can not be certainly foretold, though there is a certain relation between the character of the secretion and the disease produced. At times apparently mild secretions give rise to very violent inflammation, leading to ulceration of the cornea and destruction of the globe. Individual susceptibilities probably play an important rôle.

In addition to contagion, nothing is so favorable to the development and spreading of this disease as general neglect of hygienic principles. Under such conditions, and especially where there is overcrowding, it at times takes on a fearful endemic character. At times so many have been affected in such a short space of time that some have considered its development due not to contagion, but to some epidemic climatic influence, and the contagionists have been forced to conclude that it is contagious through the air. The latter is the view adopted by the majority of military surgeons, and they are the ones who have the best opportunity of studying the disease. As an exponent of these views I may quote Dr. Müller, surgeon in the Prussian army at Mayence. He says, "In my opinion three circumstances must combine to favor the development of this subtle, invisible, immeasurable fluidum. These are (1) the presence of a person in-

fected with the contagious disease, (2) a decomposed atmosphere surrounding many people crowded together, (3) certain favorable atmospheric conditions." Again he states that he never saw the disease become endemic unless hygienic arrangements were neglected. In some cases contagion can not be proved, but it is the same with all other contagious diseases. It is not impossible that some cases may originate *de novo*.

Many ophthalmologists consider trachoma as merely catarrhal conjunctivitis which has been exposed to continued noxious influences. To disprove this is difficult, inasmuch as even the most pronounced cases of blennorrhea begin with the symptoms of catarrhal conjunctivitis. The sago-like bodies which have been mentioned are sometimes present in eyes apparently healthy, but which have been exposed to the irritating influences of smoke, dust, over-use of eyes, overcrowding, etc. Stromeyer found these bodies in the eyes of various domestic animals, especially in pigs, and states that in number they were in direct proportion to the filthiness of the surroundings. Dr. Marston says, "So certain do I feel that the prevalence of vesicular disease of the lids is in direct ratio to the amount and degree of defective sanitary arrangements, that I conceive the palpebral conjunctiva offers a delicate test and evidence of the hygienic condition of a regiment."

From these considerations we are naturally led to taking certain precautions against contagion, and to paying particular attention to the hygienic surroundings. The greatest care must be taken against the inoculation of any of those secretions which have already been mentioned as contagious. The patient as well as those surrounding him should be warned of the danger of inoculation, and he should be assigned a separate wash-bowl, towels, etc.

During and after delivery the utmost care must be taken to prevent inoculation where the mother is known to have a profuse leucorrheal discharge. For this purpose it may be advisable to thoroughly cleanse the parts by syringing. If accidentally any of these secretions should enter an eye, it should be immediately well washed out and a two-grain solution of nitrate of silver dropped in the eye, and long continued cold or ice compresses be applied. Piringer, who made a great number of experiments on this subject, attributes the greatest importance to the earnest application of the cold compresses, but says that after the disease has once begun cold only aggravates the disease. If only one eye be affected, the other should be secured from infection by a hermetic bandage. For this purpose a watch-glass may be placed over the eye, and secured in its place by a piece of macintosh, with a hole in the center, and adhesive strips. Too much importance can not be ascribed to the securing of an abundance of fresh air, light, suitable food, and general favorable hygienic surroundings, especially avoiding overcrowding.

The local treatment must vary according to the different stages and conditions. In the acute cases it is well not to resort to astringents or caustics until free secretion has set in, as their too early use often intensifies the disease. When there is profuse secretion, the eyes must be kept clean by frequent cleansing with tepid water. This must be attended to by a careful nurse, the eyes being cleansed every hour, day and night, if necessary.

A solution of sulphate of zinc, two grains, and alum, four grains, to the ounce of water was a favorite astringent at Moorefield's Royal London Ophthalmic Hospital.

When the secretion is free and abundant, there is nothing so good as brushing the lids with a solution of nitrate of silver, five to twenty grains to the ounce of water, or using the mitigated stick of silver. Donders even advises a solution of thirty or forty grains to the ounce. Such strong solutions, however, are not advisable as a general rule, and the *solid* stick of silver is exceedingly dangerous.

In all *severe* cases the nitrate of silver should be used either in solution or as the mitigated stick, unless there be some special contra-indication. When there is much brawny infiltration the utmost care is necessary in the use of nitrate of silver, as its use may bring about the so-called diphtheritic conjunctivitis. After applying silver it is well to neutralize with a solution of chloride of sodium, and then apply cold compresses, as they greatly lessen the irritation. When the lids and conjunctiva are very hot and brawny, with a tendency to the formation of a false membrane, warm applications are often of much service. If the inflammation be very violent leeches should be applied to the mastoid or temple, or blood drawn by Heurteloup's leech, and if the tension of the lids be very great the external commissure should be cut and the hemorrhage encouraged. This relieves the tissues and, removing the press-

ure from the anterior ciliary vessels, has a tendency to prevent ulceration of the cornea. Cold or ice compresses are most valuable in some cases, but must be thoroughly employed or they will do more harm than good. If inefficiently employed they may act more like a poultice or a stimulant.

In all cases it is well to use atropine to allay the photophobia, and possibly to diminish the intraocular pressure and thus act as a conservative of the cornea. Should it irritate, it should be stopped at once, and one half dram extract belladonna to one ounce of water, or some other substitute, be used. Dr. Galezowski, of Paris, used oleum cadinum one part and vaseline ten parts. The lids were drawn apart and the eye filled three or four times a day.

Should the acute give rise to the chronic, it must be treated according to the symptoms. The more succulent the lids are, the more intensely may we cauterize with nitrate of silver, but when the granular lids are dry and hard the more can we expect from sulphate of copper in crystal, or from lapis divinis. The object of cauterization is not to chemically destroy the granulations, but, by irritation, to favor their absorption.

A method of treatment much in vogue in Belgium is that of rubbing the powdered acetate of lead into the chinks between the granulations, and then washing off all the superfluous powder. It is claimed that after this the secretion is no longer contagious, and in military practice it is not considered necessary to separate patients so treated from healthy troops.

Ulcers of the cornea frequently delay the treatment and cure. In such cases it is better to avoid all silver and lead solutions, for fear they may leave deposits. Should mild pannus occur, the treatment should be directed solely to the granular lids, and both will disappear together. If, however, the opacity be extreme, various methods of treatment have been recommended.

In Paris I saw DeWecker on several occasions use the galvano-cautery to destroy the vessels leading on to the cornea, and he claims to have quite good success. It was surprising what little reaction occurred in these cases.

At Moorefield's Ophthalmic Hospital, in London, oil of turpentine one part to two parts of olive oil was used, and had some strong advocates. All these and other methods at times succeed, and at others fail. A method which offers the most brilliant results, when successful, is that by inoculation. This treatment has been used very extensively at the Royal London Ophthalmic Hospital, especially by Mr. Lawson. Cases have been reported where patients who could not count fingers have been enabled to read Jeager No. 1, that is, print much finer than any in ordinary use.

It is advisable to use the white purulent secretion of ophthalmia neonatorum after the disease has passed its acme. After inoculation the case must be allowed to take its own course, however violent. Although it can not be denied that there is always danger of the eye being destroyed, yet it must be remembered that it is only recommended in cases which have resisted all other treatment, and that the vascularity of the cornea seems to protect it to a considerable degree from suppuration, and that when it does succeed its result is most brilliant—giving, in fact, useful vision to the practically blind.

LOUISVILLE, KY.

Miscellany.

FEMALE HALLUCINATIONS.—Recent circumstances have directed attention to certain remarkable delusions to which females of unstable nervous equilibrium are subject, either through hysteria or through similar disorders of the nervous system. Charcot and Bourneville give instances of the extraordinary self-deceptions that are frequent amongst hysterical patients. (The British Medical Journal.) Dr. Legrand du Saulle, physician to the Salpêtrière, Paris, describes in his standard work, *Les Hystériques*, some remarkable cases of hallucination, where females labored under the belief that they have been struck or stabbed by others, even having inflicted blows and wounds upon themselves. In one instance a young woman was found by her husband lying on the floor of her room in a fainting fit, her face covered with blood. On reviving from her swoon she stated that she had been attacked by armed men. The Paris newspapers related the case, and within three weeks two similar events occurred in the French metropolis. All these cases were proved to have been fabricated by the supposed victims. A young girl wounded herself slightly with a pistol. She gave the police authorities most minute details about an imaginary assassin who, according to her account, fired the weapon; but she was found to be highly hysterical,

and it was proved that she had willfully wounded herself. In a third case in Dr. Du Saulle's experience, a young woman was found in a railway carriage, stabbed in the left side. The incident caused great excitement, but it was proved, contrary to her assertions, that she had inflicted the wound herself, and was a hysterical subject. A housemaid was found lying behind the door, bound, gagged, and covered with bruises. She stated that she had been brutally attacked by two burglars with blackened faces; but she was a highly hysterical woman, and there appears to have been strong evidence that she had contrived to tie her own hands and to gag and bruise herself. Perhaps the strangest case of all occurred in M. Tardieu's practice. A young lady, living at Courbevoie, wished to make herself an object of public interest by passing as a victim of a political conspiracy which she pretended to have discovered. One night she was found in a state of the greatest mental perturbation at the door of her apartment. She could not talk; but stated, in writing, that she had been attacked outside her own house by a man who had attempted to garrote her, at the same time striking her twice with a dagger. Only the lady's clothing was injured, and the body of her dress and her corset were found to be cut through, but at different levels. She tried to make out that the attempt at strangulation had caused dumbness. M. Tardieu remarked, in her hearing, this infirmity rapidly disappeared when produced under circumstances of this kind. She soon managed to regain her speech, and in a short time admitted that the whole narrative had been developed out of her inner consciousness. The constant fear of molestation from enemies, especially if based on reasonable grounds, is particularly liable to predispose nervous or excitable subjects to extraordinary delusions of this kind.

Honest and True New York Doctors. An association for the purpose of upholding the old code of medical ethics, and resisting any modification of this code that does not emanate from the body in which it originated, has been formed, and held its first regular meeting at the hall of the Academy of Medicine on Friday evening, March 23d. Among those interested in the movement are such leading men as Austin Flint, sr., Austin Flint, jr., T. Gaillard Thomas, Alonzo Clark, Willard Parker, Thomas M. Markoe, Lewis A. Sayre, Frank H. Hamilton, Isaac E. Taylor, William T. Lusk, Samuel S. Purple, Abram Du Bois, J. W. S. Gouley, John H. Hinton, Stephen Smith, J. Lewis Smith, Jared Linsey, Nathan Bozeman, Henry D. Noyes, Richard H. Derby, F. D. Weisse, J. Williston Wright, Octavius A. White, John G. Adams, and William J. Morton.—*Boston Medical and Surgical Journal.*

The Perils of Pedestrians.—In London, says the British Medical Journal, according to the reports of the police, more than one hundred persons are killed annually in the streets, while two or three thousand individuals are more or less severely maimed every year in the thoroughfares, by vehicles, the falling of sign-boards, chimneys, walls, slates, bricks, scaffolding, and bill-stickers boardings, or from the coming down of broken telegraph wires which have been stretched over streets. The placing of telegraph wires across streets is a source of danger which is rapidly on the increase, from the growth of telephonic communication in populous districts. Telegraph wires cut like a sword when they strike in falling from a considerable height. All these various perils appear to be growing among us from the increasing concentration of population and commercial activity in the larger urban districts of our country.

Remarkable Arrest of Development. This case was recently exhibited before the Philadelphia County Medical Society by Dr. Atkinson. (Medical Times.) A man, aged forty, had never had teeth, nor any hair on the scalp except the downy hairs of infancy. He has no sense of smell, and lost taste. He never perspires, and when working is obliged to wet his clothes to moderate the body-heat. He can sleep in these wet clothes without catching cold. Hair is present in the axilla and pubis, the downy hair usually seen over the skin at large is wanting, save on the scalp. His grandmother and uncle were similarly defective. He has very good health, has never been seriously sick, and has never had dyspepsia. The secretion of urine is unusually abundant. He is married, and has eight children, among whom are two girls, both of whom lack a number of teeth.

> The mind is its own place, and in itself
> Can make a heaven of hell, and hell of heaven.
> *Milton.*

Dwarfs generally die from premature old age, and giants from exhaustion.

ELECTRIC LIGHTING AND VENTILATION. The heat which arises from burning gas, although often regarded as an inconvenience, is sometimes a positive advantage; for, if the gas be burned near the ceiling of a room, the ventilation of the apartment is powerfully aided by the upward currents of air which the combustion of the gas produces, while the noxious products of such combustion in the main are carried off if sufficient openings to the outer air exist in the upper portions of the room. Last week Dr. Morris read a paper on this subject. (British Med. Journal.) His conclusion was that the lighting of public buildings by the electric light did not possess such superiority in ordinary cases over lighting by gas as might have been expected. That, he thought, was due to the fact that gas assisted in the ventilation by producing upward currents, which dragged up the lower strata of polluted air, while the electric light in no respect assisted ventilation; on the other hand, he pointed out, there were the immediate products of the gas-combustion, but in a building like that in which his experiments were conducted, where the gas was near the ceiling, the impurities were to a large extent carried off far above the heads of persons assembled in the hall.

DEATH OF PROFESSOR VON SIGMUND.—Continental papers announce the death of this celebrated writer on syphilis. He died unexpectedly in Padua. Sigmund graduated at Pesth in 1837, and soon removed to Vienna, where he qualified as a teacher of surgery. Afterward he turned his attention to syphilis. In 1845 he was appointed extraordinary Professor of Syphilis, holding this position twenty-four years before being advanced to the professorship. This he held in conjunction with the well-known Hebra.

HEITZMANN'S MICROSCOPICAL MORPHOLOGY OF THE ANIMAL BODY IN HEALTH AND DISEASE.—The British Medical Journal thus pointedly describes the work of a German physician of New York City. This book notice is a model of truth and severity: This is a book which it were idle to criticise in detail, and which we can not recommend to students. It is full of fantastic observations, unacceptable theories, and delusive conclusions. It is chiefly interesting to histologists, as showing the errors into which an intelligent but eccentric observer may be led, the tenacity with which he may adhere to them, and the development which he may assign to his own fancies, regardless of the strange conclusions to which they lead him. All the well-known fallacies of Dr. Heitzmann's earlier observations are here recorded with as much gravity as if they were accepted facts in science. His suggestions as to the examination of the blood as a means of determining the marriageable qualities of candidates for matrimony are once more gravely recited. If any thing could (but fortunately nothing can) bring histological research into disrepute among serious men, it might be the publication of such a volume as this.

YELLOW FEVER FROM HAVANA.—From the 17th to the 30th of March six vessels arrived at Charleston, S. C., from Havana, with foul bills of health. They became infected with yellow fever during their stay in Havana, and lost twenty men by death from this disease out of the sixty-nine which constituted the aggregate of their crews.

COUNTRY PRACTICE.

Luckless he whom Fates urge on
To practice as a country surgeon,
To ride, regardless of the weather,
Incased in waterproof and leather;
And oft at two points diametric
Summoned to render aid obstetric,
Or sent for to a broken limb,
When Lady Blank, with nervous whim,
Or some imaginary fever,
Calls him a savage if he leave her.
A day and night in some lone cottage
He shares the lowly laborer's pottage,
And kicks his heels, with wearied brain
Yet watching o'er the wife's slow pain.
And that task over, happy he
If e'er he gets the well-earned fee.
Now comes the night; with toil oppressed,
Tired he seeks his place of rest.
Vain hope! his slumber is soon o'er,
Loud sounds the knocker at the door.
A farmer's wife, at nine miles distance,
Needs his immediate assistance.
Grumbling and groping in the dark
To find the matches for a spark,
And, yawning as he heaves his breeches,
Envies his neighbor who hath riches.

Lancet.

FOWL FARMERS, ATTENTION!—Dr. L. Roth, of Kissingen, has lately reported a virulent outbreak of diphtheria in a lot of fowls, due to infection from children. Persons having valuable poultry can not be too careful about the sanitary condition of the feathered bipeds' companions. By keeping unsound children away from the barn-yard and hen-house, many valuable lives may be saved, to say nothing of eggs.

The Louisville Medical News.

Vol. XV. SATURDAY, APRIL 21, 1883. No. 16.

LUNSFORD P. YANDELL, M.D., - - }
L. S. McMURTRY, A.M., M.D., - - - } Editors.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITORS OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

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OUR MOTTO.

We are often asked concerning the origin and interpretation of the phrase "Nec Tenui Pennâ," which from the foundation of this journal has appeared at the head of its columns. This motto was selected by the gifted founder of the NEWS, and was taken from the work of fiction which he has often told the writer had given him more pleasure than any other. Indeed he regarded the style of Thackeray as a model, and it has often occurred to us that our brilliant friend was much of the same mould, and possessed in his personality and mental characteristics many traits in common with the great English novelist. It always seemed to us that it was a most natural thing for Cowling to admire Thackeray as a man and emulate him as a writer. An esteemed friend of the NEWS has recently placed in our hands the following letter, written him several years ago by the lamented Cowling, in which will be found his conception of the idea contained in the motto and the circumstances which led to its selection:

My Dear Doctor: Your note of the 12th reached me this evening. I got the motto "Nec Tenui Pennâ" where you also found it, in Pendennis. If I remember rightly, it accompanied Thackeray's crest and was his personal motto; but it is twenty years ago since I saw it in the connection named. I do not know from whence it came originally, and therefore have never seen any context, if such there be, nor has any one translated it for me. My own construction is, "Not on feeble wing" or "pinion," which seems to compass it clearly. I do remember some years ago I asked Mr. Daves, who was professor of Greek in Trinity College, if this was not the right translation, and he assented. I took the motto for the NEWS because I liked Thackeray so much; and although I might not expect to soar high, I would try to fly straight. It is a little curious that so many have failed to give the motto proper translation. It might be construed in fact —especially in connection with journalism—"Not with feeble pen;" but the metonymy for "wing" is just as correct, and makes the meaning more general and stronger.

Some years ago, when we were not such good friends as we are now, the Cincinnati Clinic undertook to translate it "I never held a pen;" but I "jobbed" one into his eye afterward, and hope I changed his mind.

If you ever come across the original in which the motto appears, I wish you would let me know; and in the meanwhile suppose you sail into the columns of the NEWS with a paper.

Very sincerely yours,
R. O. COWLING.

In June, 1881, there was some discussion in our columns for correspondence concerning the origin and translation of the motto. The agitation of the subject has led to the discovery of the following passages, which will explain both the origin and translation. In "The History of Pendennis, his Fortunes and Misfortunes, his Friends and his Greatest Enemy," from which our gifted predecessor loved so well to quote, may be found this paragraph closing chapter 2:

They buried John Pendennis, Esq., "formerly an eminent medical practitioner at Bath, and subsequently an able magistrate, a benevolent landlord, and a benefactor to many charities and public institutions in this neighborhood and county." . . . A fair marble slab, from which the above inscription is copied, was erected over the Fair Oaks pew in the church. On it you may see the Pendennis coat of arms and crest, an eagle looking toward the sun, with the motto, "*NEC TENUI PENNA*," to the present day.

In one of the Odes of Horace may be found the following:

Non usitata nec tenui ferar
Pennâ.

When translated with its context the significance of the motto is quite plain, "I shall

soar on no common, no feeble wing." We can not but reiterate here the suggestion of our predecessor, that this motto would make a most appropriate epitaph for the able surgeon and brilliant writer who founded this journal. If, in the survival of the soul, all the ennobling traits, with the endearing accidents and charming eccentricities of this existence, are retained and perfected, surely our noble friend soars on no common, no feeble wing.

THE STANDARD.

Our esteemed contemporary, the Alienist and Neurologist, thus designates a class of physicians, which it is to be hoped is constantly increasing in this country. At present, it must be confessed, the class does not comprehend all, but our able confrère points to the standard which should engage the earnest efforts and unconquerable ambition of every worthy medical man. He indicates the characteristics of that great body of practitioners who are extending the range of medical science and practice and advancing the welfare of the people, while daily adding to our knowledge:

> That growing class of advanced and advancing, thoughtful, observant, investigating general practitioners, whose medical education did not cease when their college curriculum ended. You will find a few of them in nearly every community. They are the physicians and surgeons whom their brethren rely on in emergencies, whom the public regard as the capable men in our ranks when something besides routine fever problems, etc., are to be solved. They are the men whom the lawyers consult for valid medico-legal advice, and whom the clergy recognize as the most enlightened men in the discussions of life problems intelligently.

The McDowell Medical Society will meet in Henderson, Ky., May 23d and 24th. A large attendance and an interesting session is expected. Gentlemen who intend to contribute papers are requested to inform the secretary, F. H. Clarke, Hopkinsville, Ky., of their subjects by May 5th.

Bibliography.

A System of Human Anatomy, including its Medical and Surgical Relations. By Harrison Allen, M.D., Professor of Physiology in the University of Pennsylvania. Section III: The Muscles and Fasciæ. Section IV: The Arteries, Veins, and Lymphatics. Philadelphia: Henry C. Lea's Son & Co. 1883.

We have received from the publishers the two numbers in course of Dr. Allen's work on Anatomy. In a former number of this journal we made an extended notice of this work, and the plan adopted by the author for its execution, together with some comments on the first two sections issued at that time. We can unreservedly reiterate the impressions then formed of its high character of excellence, and repeat the commendation of the work then expressed. It may be well to mention again that the work is intended to be a complete treatise on descriptive anatomy, together with the application of the subject to practical medicine and surgery. The author has kept in view throughout the preparation of a complete, concise, and thorough treatise on anatomy, and, in connection with every organ and part, to give the application of anatomical knowledge to the practice of medicine and surgery. For the practitioner, as a book of reference and a guide in accurate anatomical knowledge, it has no equal. The several sections of the work show that no portion of the author's self-imposed task has been hastily or carelessly performed. The work has occupied the author's almost constant attention for a number of years, and is based on studies made in the dissecting-room after a thorough familiarity with ancient and modern treatises upon anatomy. Two more sections are to follow, and the work will be complete.

The execution of the work on the part of the publishers surpasses any previous effort of American publishers in this line. The illustrations consist of three hundred and eighty figures upon one hundred and nine plates. The drawings are all new and original, having been made by Mr. Hermann Faber from dissections by the author. The drawings are beautifully colored. The section on the arteries, veins, and lymphatics is rich in illustrations of exquisite execution. There are many instances in which absolute anatomical accuracy has been very slightly sacrificed for artistic design in the drawings, but these are in most instances unimportant. The exposition of the vessels

in the important surgical spaces, and in connection with the viscera, is particularly worthy of notice. We are confirmed in our opinion, expressed some time since, that it has fallen to an American physician and an American publisher to give the profession the most superb work on anatomy for the use of practitioners which has yet appeared. The price of the book places it in the reach of every practitioner and advanced student.

COLORADO FOR INVALIDS. By S. Edwin Solly, M.R.C.S., Eng., L.S.A., Lond., Fellow of the Royal Medico-Chirurgical Society, Vice-president of the Colorado State Medical Society.

FLORIDA AS A HEALTH-RESORT. By Martin F. Coomes, M.D., Professor of Physiology and Diseases of Eye, Ear, and Throat in the Kentucky School of Medicine. Reprint from the Medical Herald, April, 1883.

CITY WATER-SUPPLIES: An Address delivered before the Westchester County Historical Society at the annual meeting, A. D. 1882. By B. S. Church, M.S., C.E. New Rochelle, N. Y.

SOME THOUGHTS ON PHTHISIS, WITH SPECIAL REFERENCE TO THE VALUE OF LARYNGEAL SYMPTOMS IN DIAGNOSIS. By M. F. Coomes, M.D., Louisville, Ky.

MENSTRUAL AMBLYOPIA. By Martin F. Coomes, M. D., Professor of Physiology, Ophthalmology, and Otology in Kentucky School of Medicine. Reprint from the Medical Herald, October, 1882.

CLINICAL LECTURE ON THE MECHANICAL TREATMENT OF CARIES OF THE LUMBAR VERTEBRÆ. Delivered December 6, 1882. By Dr. M. Josiah Roberts. Reprint from The Lancet, London, January 27, 1883.

ELASTIC TENSION THERAPEUTICALLY UTILIZED IN ADHESIVE AND MEDICATED PLASTERS. By Dr. M. Josiah Roberts, New York. Reprint from the Medical Record, April 1, 1882.

LOUISVILLE BOARD OF TRADE. Fourth Annual Report, for the year ending December 31, 1882.

PROPOSED ORDINANCE AND RULES AND REGULATIONS FOR REGULATING THE PLUMBING, HOUSE DRAINAGE, REGISTRATION AND LICENSING OF PLUMBERS IN THE CITY OF PHILADELPHIA, as reported by the Committee of Twenty-one.

Obituary.

DR. DAVID CUMMINS.

Dr. David Cummins, one of Louisville's oldest and most popular practitioners, died on the morning of the 14th of April. Dr. Cummins had just passed his fifty-eighth birthday. For more than three months he had occasionally complained of vertigo with more or less headache. Two weeks since, a violent pain in the right frontal region forced him to bed, and from this time he was never thoroughly conscious. Dr. Cummins was a successful practitioner in the departments of surgery and obstetrics as well as in general practice. He was a man of strong practical common sense, of sunny temper, and attractive manners. He possessed the regard and respect of his brethren and the devoted love and admiration of a vast clientele. His practice was probably the most lucrative in the city, and by it he had amassed a large fortune. He was "a good man, skilled in healing." The death of no other man is so great a calamity to a community as is that of a great physician. Such a loss Louisville sustains in the death of Dr. Cummins.

JOSEPH K. BARNES, M.D.

[Surgeon-General, United States Army (Retired).]

Brigadier-General Joseph K. Barnes died in Washington, on the 5th inst., of Bright's disease, in the sixty-sixth year of his age, having been over forty years in the army. He was born in Philadelphia, July 21, 1817. In 1838 he received the degree of doctor in medicine from the Medical Department of the University of Pennsylvania. After serving for several months in the Blockley Hospital, as a member of the house staff and in the out-patient department, he joined the medical corps of the army, receiving his appointment as assistant surgeon June 15, 1840. Having served at the Military Academy, in the Florida war, in the Mexican war, and again at West Point, he was appointed surgeon August 29, 1856. At the outbreak of the late civil war he was re-called to Washington from a post on the Pacific coast, and was made medical inspector with the rank of lieutenant-colonel February 9, 1863. On the 10th of August of the same year he was made inspector-general with the rank of colonel. The fol-

lowing year, on August 22d, he was appointed surgeon-general with the rank of brigadier-general. In 1865, at the close of the war, he was breveted major-general, and last year he was retired in compliance with the general law.

The career of Surgeon-General Barnes is one which reflects great credit upon himself, his profession, and his country. The Medical and Surgical History of the War, the Army Medical Museum, and the Library of the Surgeon-General's Office, all these being splendid and invaluable works, were executed and established under his administration. While he was unequal to subordinate officers of the medical corps in special departments of professional work, he surpassed all in administrative ability. He possessed keen perception in the selection of the proper man for given work, had the good sense to let him have his own way, and the sense of justice to allow him full credit for the work. Under his administration the medical corps of the United States Army has become the best equipped and the best organized of all similar organizations in the world. The medical profession of this country owes Surgeon-General Barnes a debt of gratitude for the work done by his co-operation and under his direction, and though neither a writer nor a teacher, he has aided in promoting the interests of the profession and advancing the standard of medical knowledge in America in a very efficient manner.

Selections.

INTRA-UTERINE INJECTIONS IN THE TREATMENT OF PUERPERAL SEPTICEMIA.—T. Gaillard Thomas, M.D., in N. Y. Medical Journal, March 31, 1883:

The following case seems to me to illustrate what should be the accepted treatment of puerperal fever, or puerperal septicemia, at the present day. The case was that of a lady in the higher walks of life whom I was called to see about a month ago, in consultation by her physician, a man of wide experience. She was a primipara, was taken in labor at 4 o'clock Sunday afternoon, and at 9 o'clock in the evening was delivered of a female child, without any difficulty or assistance. Her physician examined the external genitalia carefully, and found no tear whatever. The nurse was instructed to syringe out the vagina carefully the next day with carbolized water, which she did. The first forty-eight hours passed by without any bad symptoms at all, but, on visiting her on Tuesday morning, the physician found a temperature of 101° F., and in the evening it had risen to 102.5°. The next morning, the morning of the fourth day, the temperature was 103°, and the patient began to complain of very severe pain in the right iliac fossa. There had been no chill. At 5 o'clock in the afternoon the temperature was 106.5° in the mouth. The patient's appearance became wild, as of one who was about to have puerperal mania; the skin was hot, and she was crying out with pain, although she had received a good deal of morphine.

Having now been called to see the patient, I took the temperature in the mouth myself, and confirmed the record of her physician, that it was 106.5°. The pulse was 145. Making a vaginal examination, I found a bilateral laceration of the cervix uteri extending nearly up to the vaginal junction. Probably this extensive laceration partly accounted for the rapidity and the ease of the labor as occurring in a primipara. I urged that the uterus should be washed out with carbolized water at once, but her physician had never seen the method practiced, and was strongly prejudiced against it; he finally consented only because it was apparent that unless something decided was done the patient would soon die. Using the Chamberlain tube and the Davidson syringe, Dr. Jones, and afterward Dr. McCosh, continued to wash out the uterus with carbolized water every four hours during the night, and the next morning the temperature was found to have sunk from 106.5° to 101°; the pulse had fallen from 145 to 120; the patient, who had been given opium quite freely during the night, declared that she was very much relieved. Indeed, the relief had been so extraordinary that they began to believe that the danger was not real at all; that some exceptional circumstance had occurred, and that there was no septicemia. The uterus was now washed out at longer intervals, but at once the temperature went up to 102°, 103°, 104°, and 105°, and the patient again began to look maniacal. The uterus was now washed out every three hours, opium was freely administered, ten grains of quinine were administered every eight hours, ice-water was passed through a coil of rubber tubing placed over the abdomen; and as long as this treatment was

kept up the temperature did not rise above 101° or 102°; but so soon as they ceased to wash out the uterus the temperature at once rose to 104°, and at times to 105°. This fact was proved by repeated trials.

After this treatment had been continued for ten days, a physician remaining with the patient day and night, giving the injections every three hours, and thirty grains of quinine during the course of the day, it was believed to be time to stop it; but in less than twenty-four hours the temperature again rose to 105°. I mention the amount of quinine which was being taken particularly, so as to prove positively that there was nothing of a malarial character in the case at all. On the sixteenth day after delivery, the tenth day after the commencement of the high temperature, the intervals between the uterine injections were extended from three hours to four, then to five, six, and seven hours, and finally they were discontinued altogether, and at the same time the administration of quinine was given up and the coiled tubing was taken off. Opium was continued in small doses for a while longer, and the patient recovered entirely.

I wish to contrast this case with another which I saw just before—that of a woman who had been recently delivered of her third child. When I was called to see the patient the temperature was 106°; she had been taken with violent pain in one iliac fossa, and had been put five days before pretty profoundly under the influence of opium, and a blister had been applied over the whole of the abdomen. Large doses of quinine had likewise been administered. When I saw the patient, the use of intra-uterine injections was begun at once, but the patient lived only twenty-four hours, and died in a state of coma.

It seems to me that the time has arrived when puerperal septicemia should be treated upon just as simple a plan as septicemia of any other kind is, namely, by washing with some antiseptic fluid the surface where the disease originates—some fluid which will remove the poisonous material which is being absorbed, and also, so far as possible, neutralize its poisonous qualities. In brief, I would say that puerperal septicemia, with our present light on the subject, should be treated in the following manner: First, wash out the uterine cavity completely with some antiseptic fluid; second, quiet all pain by opium; third, get the peculiar influence of quinine upon the nervous system; and, fourth, keep the temperature, at all hazards, at or below 100° by the methods which we now possess. Three years ago, at the American Gynecological Society, which met in Baltimore, I took the ground which I take to-day regarding this subject, and only one gentleman in the entire society supported my view. Every other member who spoke referred to the dangers of introducing air into the uterine sinuses during the injection, etc. But I believe that the dangers attending the use of the injections are counterbalanced by the benefits to be derived. I do not think there is the least probability that air will be introduced if a tube of large size—as large as the finger—is used. But when a catheter is employed there is some danger of inserting it into a sinus and introducing air and fluid together directly into the vessels.

A Remarkable Outbreak of Intermittent Fever.—In the autumn of 1881 a remarkably virulent and fatal outbreak of fever occurred in the city of Amritsar, in the province of the Punjaub. (The British Medical Journal.) So universally prevalent was the disease that, even at a comparatively early period of the outbreak, not a single individual, native or European, in the city and civil station, appears to have escaped its attacks; nine-tenths of the shops are said to have been closed, and the work of the Government offices was carried on with the utmost difficulty, owing to the general prostration with fever. Indeed, at one time the disease was so prevalent that as many as 10,000 cases were under treatment in one day. The type of the fever presented so many peculiarities that Dr. Bennett, a deputy sanitary commisioner, was directed to inquire into the circumstances of the outbreak; and his report, which has just appeared in an Indian parliamentary paper, contains many points of interest. In the vast majority of the attacks the febrile symptoms intermitted after six to ten hours' duration, the paroxysms coming on at a certain time every day, or every other day. The regular administration of antiperiodics, quinine, chinchona febrifuge, etc., was usually attended with successful results. The minimum death-rate was reached in July, thence it gradually rose in August, especially during the latter part of the month, when the epidemic may be said to have begun. From the end of August to the 20th of September the death-rate rose by successive and rapid waves, until the daily number of

casualties from fever was as high as 105. During the course of the following eleven days the number rose to 200, which was reached on the 27th of September. It then fell to 175, rising again on the following day to 205, again to descend on October 1st to 185, from which number it rose to 220 on the 3d of that month, when the maximum point was attained. The mortality among children was excessively high. Of a total of 6,859 deaths, no fewer than 3,531, or more than one half, were recorded to have occurred among children under twelve years of age. It is well known that, when compared with adults, infants and children show a pecularly marked susceptability to malarious influences, as evinced by the more rapid supervention of dangerous symptoms, and the greater tendency to spleen affection, wasting of the tissues, and the other sequelæ which characterize the state known as malarious cachexia; and to this, no doubt, the excessive mortality among these cases is to be ascribed. The symptoms were chiefly those of intermittent fever, but two forms of the disease were met with, common intermittent fever and the dangerous remittent fever, to which many succumbed; but between these two there were many gradations partaking of characters common to both. Not infrequently at the commencement of the hot stage, there were violent bilious vomiting and purging, attended with pain and uneasiness in the regions of the stomach and liver, indicative of congestion of those organs; and in cases of long standing diarrhea was a common symptom; but in no case did Dr. Bennett see "choleraic" symptoms superadded to those of fever. During the attacks the spleen, as a rule, became enlarged, afterward returning to its normal size in the period of intermission. In some of the cases of remittent fever examined the condition known as the typhoid state intervened: dry brown tongue, sordes on the teeth, frequent, weak, fluttering pulse, and other symptoms of prostration were observed.

Dr. Bennett unhesitatingly attributes the outbreak to an excessive rainfall, obstructed drainage, and water-logging of the soil. During the months of July and August a fall of thirty-eight inches was registered, being twenty-four inches above the average of the previous ten years; while that for September was under the usual average. In consequence of this excessive downpour a large portion of the ground about the city was covered with water, and that in the city wells rose to about six feet from the surface. Indeed, in one portion, where both the drainage and outfall are extremely defective, the water in several of the wells actually rose to a level with the ground. After this inordinate rainfall the atmosphere was heavy and moist to an unusual degree; while, from the damp soil, drying up under the influence of a hot sun—the ground-water at the same time beginning to subside—organic emanations from the decomposing animal and vegetable matter contained in it must have been given off in great abundance. In October, cold dewy nights were superadded, when bronchitis, pneumonia, diarrhea and dysentery became frequent concomitants, and frequently proved fatal.

Injuries of the Head in Relation to Crimes of Violence.—Doctor Clifford L. Drew, in the British Medical Journal:

The subject of crimes of violence in connection with cranial injuries is, I believe, as far as the convict service is concerned, an uninvestigated field. All scars, or other cranial injuries, are entered in the description of the prisoner on his medical history sheet, but I am not aware of any possible connection of these with the prisoner's position being considered in the light of cause and effect. My attention was called to this subject by several very interesting cases, which were sufficiently well marked to at least make one wish the subject could receive more attention. A very shrewd observer told me that, after nearly thirty years' experience among prisoners of the most violent and dangerous type, he was fully convinced that the cranial injuries received by prisoners did in some way influence their careers. One thing is certain, that, among convicts, a great number of epileptics is found; and when one considers that it is quite exceptional to find a prisoner of the lower class without the remains of a scalp wound, the question naturally occurs, what effect has the injury had? Out of one hundred cases, taken indiscriminately, I found only 8.8 per cent without some cranial injury or other. As many prisoners have led exceedingly vicious lives, and many, probably, have inherited tendencies, it would very likely be impossible to ever draw any reliable conclusion on the subject of simple scalp wounds.

The subject which these few remarks is intended to open up is that of depressed fractures in relationship to murderous assault and crimes of that order. The following are

good examples of different types of cases referred to:

CASE I.—The prisoner, a mate of a vessel, well educated, and with an exceedingly retentive memory for dates and names, was sentenced to penal servitude for attempting to shoot one of the crew. As a rule, his certificates showed that his conduct had been excellent, but one or two told a different tale. On several occasions he had broken out in paroxysms of frenzy, and had attempted violence, for which he was placed under restraint. This man was put under medical observation, as he showed signs of mental derangement. His one great complaint was "an undue quantity of blood to his head," and, indeed, this remark first drew my attention to his condition. A lengthened observation confirmed the suspicion of his mental state, and he was eventually removed on this account. He always objected to answering questions, as he said he became confused, and could not correctly state what he wanted to say. During a conversation one day he told me that, at the former prison, he had received corporal punishment for insolence to an official. I can hardly believe this, as that sort of punishment is now only resorted to in extreme cases. I should fancy that no director would undertake the responsibility of according such a punishment for an offense of that nature. If this statement were true, it would be conclusive proof that his mental condition had not been suspected. This man had a depressed fracture of the frontal bone, caused many years ago by falling on a nail.

CASE II was that of a different type of criminal from the last. This convict, during work, made a murderous attack with a shovel on a warder. In his case there was also a deeply depressed fracture of the skull. His intellect was of a low order, but he showed no evidence, during many months of observation, of passion.

CASE III occurs in a soldier—a most insubordinate man, with uncontrollable temper. In this case there was a depressed fracture of the frontal bone. This fracture prevented his being certified fit for corporal punishment.

Roderick McLean, who attempted to shoot Her Majesty, I believe had received an injury to his head; and another instance occurred in the case of a man who, on being checked or contradicted in a public-house, made a murderous attack on a policeman. In both these cases, we have no evidence of the nature of the injuries. These cases are examples of classes of criminals deserving great attention. We know how men who have received sunstroke or other injuries to the head are often irritable and easily affected by a small quantity of alcohol. How much more would a depressed fracture be likely to cause these results? Whether the fracture cause a protrusion of the inner plate of the skull, thickening of the membranes, or inflammatory deposit, the morbid condition is a latent one, and only requires an exciting cause to produce results. This exciting cause may be alcohol, any irritating remark or contradiction; and either of these appears sufficient to develop paroxysms of uncontrollable passion.

The important question to which this subject gives rise is, Does such injury, and consequent local affection of the brain, weaken the moral control of the individual? The inquiry is a most difficult one, and thorough investigation is probably impossible, as far as convicts are concerned, for the following reasons: (1) The statements of the convict can not be relied upon; (2) In most cases no family history can be obtained.

One object is gained by investigating this subject; and that is, to consider all criminals with depressed fractures of the skull as dangerous and requiring specially careful and judicious management. If it can be proved that such men are easily excited and rendered unaccountable for their actions, surely they should not be treated as ordinary criminals, subjected to rigid discipline and surrounded by associations that would naturally tend to excite the paroxysms of maniacal passion. It may be said that these were cases of homicidal mania; if so, the question still remains, What had the fracture to do with the condition?

These few, and, for the foregoing reasons, necessarily incomplete remarks, are made simply as a hint for the further investigation of a subject of no slight importance to both the criminal and the public at large. I no longer have any opportunity for continuing the inquiry; but, should any light on the subject be forthcoming, my object will be effected.

A NEW OPERATION FOR SPINA BIFIDA.—Mr. A. W. Mayo Robson, F.R.C.S., Eng., says, in the British Medical Journal:

Knowing the pathology of spina bifida to be deficiency of the neural arches of the vertebræ, with a projection of the spinal membranes through the cleft, it has seemed to me that the methods of cure hitherto adopted

have been either dangerous or uncertain, or both, and have all been wanting in scientific aim. These methods are: ligature; elastic ligature, leading to gradual removal; injection of tincture of iodine, or of iodine and glycerine; simple excision; and removal by the clamp. But their value may perhaps be best judged of by the following paragraph, taken from Holmes's Surgery: "Viewing, then, the great danger of any effectual surgical treatment, it seems better to watch the case carefully, and not to interfere, unless the tumor is growing."

Mrs. S. consulted me concerning her child, a few days old, which was the subject of a spina bifida in the lumbar region of the size of a tennis-ball. The tumor had such thin walls that, in certain parts, it was perfectly transparent. There was a distinct impulse on coughing or crying; and the communication between the dilated sac and the spinal canal could be felt to be more than an inch in length, and over half an inch wide. When it was six days old the skin had become so red and thin over the upper part of the swelling that I saw it would burst if left a day longer; hence I decided to operate. When the infant was fully anesthetized I made a vertical incision on each side of the tumor, half an inch from its base, through the skin, and then very carefully dissected the integuments from the meninges, until I reached the laminæ of the vertebræ; this required very careful dissection, as the membranes left were so thin as to be perfectly translucent; the fluid was now let out by puncturing with fine scissors, which were also used to cut away the redundant membranes. The cauda equina was fully exposed, lying on the floor of the spinal canal. I now had two folds on each side, each fold being of a different width, the two inner meningeal folds three fourths and half an inch respectively, and the two skin-flaps of the same width; but while the wider meningeal flap was on the right, the wider skin-flap was on the left. Thus, when sutures were applied, the lines of union were not opposite.

Acting on the same principle as is carried out in uniting the peritoneum, I brought together the serous surfaces of the arachnoid by several sutures, so as to completely shut off the spinal canal. Mr. Mayo had, in the meantime, been kindly dissecting the periosteum from the femur and frontal bone of a rabbit, which he had just killed. This periosteum I placed, with its osteogenic layer undermost, over the closed meninges, and carefully sutured it to the periosteum of the laminæ on each side, and to the bony margins above and below. After this the skin was sutured, a layer of protective applied, and a pad of salicylic wool placed over the wound. The whole operation, which occupied more than an hour, was performed under the eucalyptus air. Catgut ligatures were employed, and the instruments and sponges were well carbolized. On the second day, the nurse, in applying the napkins, displaced the dressing; but although the skin-wound slightly opened, there was no formation of pus, and no slough came away; in fact, through the small opening I could see that granulations had sprung up from the superficial surface of the interposed periosteum. The child has thriven, and has not had a single bad symptom. As yet I can not feel any bony crackling, but the skin is level with the surface, and the case is practically cured; if bone form, however, the covering will be all the firmer, and the spinal canal will be physiologically perfect. I had mentioned my intention to Mr. Jessop, a short time before I performed the operation, and he kindly offered to let me have some periosteum from an amputated leg; but, unfortunately, the inflamed condition of the sac gave me no chance of choosing my time. The capability of grafting living tissues, and seeing them still live, has been proved in the case of cuticle on the surface of ulcers and skin in cases of ectropion; the special instance which suggested the grafting of periosteum to my mind, was the witnessing of the continued vitality of two flaps of skin which I detached from the forearm and transplanted to the nose in a case of nasal deformity.

February 10, 1883, four months since the operation—it has thriven well, and is strong and healthy. The skin over the lumbar region is quite flat with the back, and the site of the tumor is only marked by the line of incision. Apparently no new bone has formed, since the structures covering the spinal hiatus feel soft. They seem to be thicker than the skin and meninges employed to cover in the gap; therefore, it is just possible that the transplanted periosteum has survived, and now renders the covering more firm than it otherwise would be. Although one can not help feeling disappointed that new bone has not formed, I shall hope to have better success when I can transplant periosteum from a recently amputated limb and not from one of the lower animals.

FACE PRESENTATION.—Dr. Strachan, of Sunderland, writes: "A. W., aged twenty-two, primipara, at full period, was first seen after slight dilatation of os had taken place, the face having barely engaged the pelvis, although the membranes were ruptured and the liquor amnii was escaping. The finger touched the right malar bone and orbit. The pains were frequent but not strong, and the patient was hysterical. I gave opium and left her, and was sent for twelve hours later, when the os was fully dilated, and the face, which had now descended to about the middle plane of pelvis, was found presenting in the first position, the right oblique diameter, with chin backward toward right sacro-iliac-synchondrosis. As the forehead seemed decidedly to take precedence, I tried gently to make the head rotate on its transverse axis into the first cranial position with the occiput toward the left ilio-pectineal eminence, but did not succeed. This was the method recommended by the late Dr. J. Clark, but is now abandoned. Next, introducing my finger into the mouth, I endeavored to bring down the chin—the proper analogue of the occiput—at the same time assisting the natural rotation into the fourth facial position, the left oblique diameter, with the chin forward. But all my efforts seemed fruitless to move the head in any way, especially as the pains were weak. So, after waiting two or three hours longer to see what course nature intended to adopt, and as the frontomental diameter still remained impacted in the same position, I gave chloroform, and applied the long forceps with double curve, the upper blade, which had to be introduced first, being rather difficult of introduction between the prominences of the face and the maternal parts so as to avoid injuring either. The long, straight forceps are recommended in these cases with the view of better assisting rotation, but in this instance the double-curved ones answered remarkably well, as, under rather powerful traction accompanied by a gentle twist in the desired direction, rotation took place into the fourth position, and the face was born chin forward, the hollow of the forceps pointing backward. Had rotation not taken place, the case would most likely have ended in craniotomy. The child was born alive, and although slightly disfigured at the time, with the caput succedaneum over the right cheek and orbit, which were both considerably swollen, it has done well; the mother has also made a good recovery.

THE TREATMENT OF SPINAL CURVATURE BY THE PERFORATED FELT JACKET.—E. Noble Smith, F.R.C.S. Ed., writes in British Medical Journal, March 10th.

Under the above heading, Mr. Nelson Hardy, in describing his treatment of a case of excurvation of the spine (British Medical Journal) states that I have "spoken slightingly" of felt jackets in my pamphlet recently published upon Curvatures of the Spine. I shall be glad to state my reasons for having done so. They are: (1) Because felt jackets compress the walls of the thorax, and thus interfere with respiration; (2) Because the use of such corsets hinders the free development of the dorsal and other muscles; (3) Because felt jackets do not thoroughly control the upper part of the spine; (4) Because I have found it better (when a support is really necessary) to use a light instrument which does not interfere with muscular exertion, but which acts as a support directly the muscles become too tired to keep the spine in an upright position, and which thus prevents the subsidence of the spine into abdominal curves.

I am glad to find that Mr. Hardy recognizes the inefficiency of the spinal supports commonly used. I have already, upon several occasions, protested against the use of steel instruments with crutches, and am not surprised that Mr. Hardy's patient derived no benefit from the use of one. Mr. Hardy's case was probably benefited chiefly by the exercises which he so judiciously prescribed, and I do not doubt that even the plastic felt jacket, imperfect for the purpose though it is, acted, when skillfully applied, as a useful support; but I believe that a more rapid improvement might have been obtained if, instead of a jacket, the felt had been used as a back-splint, in the manner described and figured in the pamphlet which Mr. Hardy has referred to. I have found gutta-percha or leather splints very suitable for excurvation in very young children, but doubtless the plastic felt would serve the purpose very well.

ICHTHYOL.—Dr. P. G. Unna, of Hamburg, has lately been experimenting on the dermato-therapeutic uses of a substance called ichthyol, obtained by Herr Rudolph Schröter by the distillation of bituminous substances and treatment with condensed sulphuric acid. (The Lancet.) This body, though tar-like in appearance, and with a peculiar and disagreeable smell of its own, does not resemble any known wood or coal

tar in its chemical and physical properties. It has a consistence like vaseline, and its emulsion with water is easily washed off the skin. It is partly soluble in alcohol, partly in ether with a changing and lessening of the smell, and totally dissolves in a mixture of both. It may be mixed with vaseline, lard, or oil, in any proportions. Its chemical constitution is not well established, but it contains sulphur, oxygen, carbon, hydrogen, and also phosphorus in vanishing proportions, and it may be considered comparable with a ten-per-cent sulphur salve. Over ordinary sulphur preparations it has this advantage, that the sulphur is in very intimate and stable union, so that ichthyol can be united with lead and mercury preparations without decomposition. Ichthyol when rubbed undiluted on the normal skin does not set up dermatitis, yet it is a resolvent, and in a high degree a soother of pain and itching. In psoriasis it is a fairly good remedy, but inferior to chrysarobin in P. inveterata. It is useful also locally in rheumatic affections as a resolvent and anodyne, in acne, and as a parasiticide. The most remarkable effects, however, were met with in eczema, which was cured in a surprisingly short time. From an experience in the treatment of thirty cases of different kinds—viz., obstinate circumscribed moist patches on the hands and arms, intensely itching papular eczema of the flexures and face, infantile moist eczemas, etc.—he recommends the following procedure. As with sulphur preparations, he begins with a moderately strong preparation, and as he proceeds reduces the strength of the application. For moist eczema weaker preparations (twenty to thirty per cent decreased to ten per cent) must be used than for the papular condition (fifty per cent reduced to twenty per cent), and the hand, for example, will require a stronger application than the face, and children a weaker one than adults; but ichthyol may be used in any strength from a five-per-cent to a forty to fifty-per-cent application or undiluted. For obstinate eczema of the hands the following formula is given as very efficacious:

℞ Lithargyri, ... 10.0
Coc. c. aceti, ... 30.0
Ad reman., ... 20.0
Adde olei olivar, ... } āā 10.0
Adipis, ... }
Ichthyol., ... 10.0
M. Ft. ung.

Until its internal effects are better known caution is advised as to its very wide spread application, although Herr Schröter has taken a gram with only some apparent increase of peristalsis and appetite.

The Bacillus Tuberculosis.—Professor Feltz, formerly of Strasburg, and now of Nancy, whose authority and experience in all matters relating to the production and pathological influence of micro-organisms are generally acknowledged, has addressed a note to the *Gazette Hebdomadaire* of March 2d, in which he states that all his attempts at the cultivation of the microbes discovered by Dr. Robert Koch, with the view of testing their specific character by inoculation, have proved utter failures, although he exactly followed the directions given by Dr. Koch for this purpose in his original paper. "In presence of my failures," he says, "I could not be sufficiently thankful if I were furnished with the necessary information to enable me to avoid this kind of misadventure: for I would not cast a doubt, from the facts only which I have just mentioned, upon those which Dr. Koch has so positively affirmed."

On the External Use of Lactopeptine.—Dr. Guido Bell, of Indianapolis, reports in the American Practitioner the cure of a chronic ulcer thus: After two months of the usual treatment the wound was unchanged, except it was perhaps more irritable. I applied lactopeptine twice a day for three days, when healthy granulations appeared on one place, and within ten days the wound was perfectly clean. The loss of substance was considerable, and it took three weeks more for a full cicatrization.

Beer has invaded the South of France, and is rapidly making its way in Italy.

ARMY MEDICAL INTELLIGENCE.

Official List of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from April 7, 1883, to April 14, 1883.

Alexander, Charles T., Major and Surgeon, to be relieved from duty at the United States Military Academy, West Point, New York, August 28, 1883. (Par. 6, S. O. 82, A. G. O., April 10, 1883.) *Bartholf, John H.*, Captain and Assistant Surgeon, the extension of leave of absence for twenty-three days by S. O. 37, C. S. Department of the Columbia, further extended one month. (Par. 1, S. O. 31, Mil. Div. of the Pacific, April 3, 1883.) *Gibson, R. J.*, Captain and Assistant Surgeon, relieved from duty at Cantonment, on the Uncompahgie, Colorado, and assigned to duty at Fort Hays, Kansas. (Par. 1, S. O. 73, Dept. of the Mo., April 7, 1883.)

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, APRIL 28, 1883.

Original.

LECTURES ON FRACTURES.

Delivered in the Post-Graduate Course of the Medical Department of the University of Louisville. Session of 1883.

BY L. S. M'MURTRY, A.M., M.D.

I. GENERAL CONSIDERATIONS.

Gentlemen: The treatment of fractures is one of the most common duties of the general practitioner. Almost every practitioner has treated a number of broken bones. Yet there is the greatest diversity of opinion among surgeons as to the most trivial as well as the most important features of the management of this class of injuries. Volumes have been written upon the subject in various languages, every work on surgery treats of this class of injuries in detail, and yet at this day surgeons differ widely as to the mere time of dressing a fracture, the nature of the dressing, the prognosis in the various fractures, and the results which may be obtained. In consequence of these facts and other matters connected with the treatment of these injuries, this field of surgery has become one of great danger to the practitioner's reputation and peace of mind on account of the frequency of suits for malpractice. All these facts conduce to make the consideration of the nature, diagnosis, prognosis, and treatment of fractures of the utmost importance to the general practitioner.

In this course of lectures it will be our purpose to omit the consideration of all the innumerable methods and apparatus which have been used in the past, and are now used by some surgeons, and to indicate and demonstrate those methods in use at the University Clinic, upon which the profession of this city and the Southwest are quite generally agreed, and in which you can see the results obtained. In all these methods you will observe the important features are, promptness in application, simplicity in arrangement, efficiency in method, and the avoidance of force. These principles of treatment have been accepted by the profession of this region for a number of years, and the adoption of this method of treatment is based on extensive clinical experience.

It is customary to divide the causes of fracture into two classes, predisposing and exciting causes. The predisposing causes relate to the bone itself and the condition of the patient. The situation of the bone and its function may be cited in this connection. Prominent among predisposing causes of fracture are age and sex, and certain diatheses, as cancer, rickets, syphilis, osteomalacia, and scrofula. The real causes of fracture, however, are external violence, either direct or indirect, and muscular action. These are known as exciting causes. Fractures are usually classified as complete or incomplete. The most important classification, however, is the clinical one, which divides these injuries into the varieties known as *simple* and *compound*, or, more definitely, *subcutaneous* and *open*. A simple fracture is one in which there are but two fragments, and which does not communicate by a wound with the external atmosphere. When the soft parts covering the broken bone are torn through so that the fracture communicates by a wound with the external air, it is known as a compound fracture. Besides these varieties, we speak of *comminuted* fractures, in which the bone is broken into several pieces; *complicated* fractures, in which the fracture is associated with other injuries, as strain, injury to a joint, etc.; *multiple*, in which variety the bone involved is the seat of more than one fracture; and *impacted* fractures, meaning those fractures usually of advanced life, in which one fragment is driven into

and fixed in the other. Relating to direction of fracture, these injuries are classified as *transverse, oblique, and longitudinal.* Transverse fractures are very rare, and longitudinal fractures are almost invariably the result of gun-shot wounds. So, practically, we have to deal for the most part with oblique fractures.

The symptoms of fracture may be best considered in a group, for when taken singly all are more or less equivocal and unsatisfactory. It is by their coexistence that they may be regarded as absolutely pathognomonic. Among the more doubtful signs are, *pain, swelling, numbness*, and *ecchymosis.* The more special signs which are peculiar to fracture are, *deformity, preternatural mobility*, and *crepitus.* The deformity is one of the most valuable signs of fracture. In order to appreciate this symptom fully as an element of diagnosis the part should always be stripped and compared with the corresponding points of bone on the opposite side of the body. The physiognomy of certain fractures is so characteristic as to establish the diagnosis, as the deformity of the hand and wrist in fracture of the lower end of the radius. The direction of the displacement may be angular, transverse, or rotary, being determined by the direction of the fracture, the position of the limb, the force involved, and the action of the surrounding muscles. Shortening is a prominent feature of the deformity in fracture of the long bones, and is due to muscular action, when one fragment can slide upon the other as an inclined plane. Mobility is one of the most striking symptoms of fracture, and is a sign of the greatest value when observed in the continuity of a long bone. Indeed, under these circumstances it is pathognomonic. When one of two parallel bones, as in the forearm and leg, is broken, this symptom is not developed. For evident reasons it is usually absent in impacted fractures.

The grating sensation, produced by rubbing together the rough ends of the fragments of the broken bone, more often felt than heard, is known as crepitus. This is a symptom of great importance, and when associated with undue mobility is sufficient to establish the existence of fracture. In incomplete and impacted fracture, for obvious reasons, crepitus is absent. In recent fracture the sensation of crepitus is a most satisfactory diagnostic sign. When heard or felt it is usually unmistakable, and is not apt to be confounded with the grating of diseased joints, the crackling of effusion in the tendinous sheaths and the crepitus of traumatic emphysema.

For the full appreciation of these symptoms in making up a diagnosis the examination should be made as soon as possible after the reception of the injury; and when doubt exists as to the diagnosis, the examination should be made under an anesthetic. In handling a fractured limb, it should be grasped firmly, for by so doing muscular spasm is controlled and no additional pain is inflicted.

In the prognosis of fracture the age of the patient is the most important element. While old age is not absolutely incompatible with the union of fractured bones, these injuries present their greatest difficulties in old subjects. In young and middle-aged subjects the prognosis of simple fracture is always favorable. When the injury is confined to the shaft of the bone, multiple fractures, if simple, do well. The same may be said of comminuted fractures. Fractures in the vicinity of the joints, as of the acromion, olecranon, condyles of femur and patella, and at the hip and elbow, present the great est difficulties in the way of a good result. With the improved methods of treatment now at hand, the prognosis in compound fractures, both as regards the life of the patient and the preservation of the limb, is altogether different from former teachings on this subject. In the most skillful hands, and with the most improved means conscientiously applied, unsatisfactory results may obtain; and in various special fractures the best results are far from perfection. To condemn a practitioner in these matters is as much a mark of ignorance as a want of charity.

To the intelligent management of fractures a knowledge of the process of repair in broken bones is absolutely essential. Here, as elsewhere, surgery directs her efforts toward aiding and supporting the reparative powers of nature. The surgeon places the fragments in apposition, and so retains them until the reparative process welds them in strong and permanent union. No material aid can be given to this process if ignorant of its methods and stages. When a bone is broken the fragments are movable, and, of course, are surrounded at the point of fracture with more or less extravasated blood. In the course of ten days this is for the most part absorbed, and inflammation has begun in the soft parts around, in the periosteum and medullary membrane, and in the bone

itself. The results of inflammation soon appear in the form of a quantity of lymph between and around the fragments. The fractured ends of the bone are ensheathed in a mass of gelatinous material. This lymph becomes firmer day by day, and gradually undergoes ossification. Composed at first of embryonal elements, it soon becomes cartilaginous; then lime salts are deposited, and finally it becomes bone. The periosteum is very active in this process, and the medullary membrane and osseous tissue also participate actively. The new ossific material which surrounds the point of fracture, and which emanates for the most part from the periosteum, is called the *ensheathing callus*. As will be seen, this ensheathing mass is of temporary existence, and hence it is also known as temporary callus. The central callus springing from the medullary membrane is the *pin callus* of the older surgeons. This is all temporary, and subserves the purpose of ensheathing the fractured extremities of bone in a firm manner while the ossific material which is to constitute the permanent bond of union between the fractured surfaces is being deposited. This latter is called the *permanent callus*. The time occupied by this process of repair varies in accordance with the size of the fractured bone, the extent of injury, and other extraneous circumstances. During the first few days after the injury no apparent change is observed in the immediate vicinity of the fracture; but during this period swelling occurs in the soft parts, and the effused blood is being absorbed. The formation of the temporary callus usually begins during the second week after the injury. From the third to the fourth week the lymph has assumed sufficient firmness to prevent displacement of the fragments. The permanent union of the fragments does not occur until a much later period. The exact period of formation of the intermediate callus varies from three to seven months, as a general rule. This permanent callus is formed from the fractured osseous surfaces, and from the nature of this tissue and its blood-supply the process is a slow one. By the time the permanent callus has become firm the temporary callus has been absorbed, except as may be necessary for preserving the integrity of the bone. The medullary canal is also restored by absorption of the pin callus. In cases of compound fracture, and in certain special conditions, the process of union may be modified, and present variations from the course described; yet in all essential features the reparative process follows the steps given. Repair of fractures, like other healing processes, takes place more quickly in the earlier periods of life, and is more speedily accomplished in the upper than in the lower extremities. The importance of a knowledge of the reparative process, as it relates to the union of bone, will be evident when we come to examine the indications for the various steps in the treatment of the forms of injury under consideration.

LOUISVILLE, KY.

Miscellany.

THE AIM OF EXERCISE.—It should be understood by the public, as it is known to the profession, that the aim of exercise is not solely to *work* the organism which is thrown into activity, though that is one, and a very important, part of the object in view, because as the living body works it feeds, and as it feeds it is replenished; but there is another purpose in exercise, and that is to call into action and stimulate the *faculty of recuperation*. (The Lancet.) Those who believe in the existence of a special system, or series, of trophic nerves will not object to this designation of the recuperative function as a separate "faculty," and those who believe nutrition to be effected in and by the ordinary innervation will recognize the sense in which we employ the term in italics. It is through defect or deficiency in the vigor of this faculty unaccustomed feats of strength, whether of mind or muscle, are found to be exhausting. The task is performed, but the underlying faculty of restorative energy, or power of recuperative nutrition, located in the particular part exceptionally exercised is not in a condition to respond to the unusual call made upon it. When a man goes into training, or, which is practically the same thing, when he habituates himself to the performance of a special class of work he so develops this recuperative power or function that the repair or replenishing necessary to restore the integrity and replace the strength of the tissue "used up" in the exercise is instantly performed. The difference between being accustomed to exercise and able to work "without feeling it" and being barely able to accomplish a special task and having it "taken out" of one by the exploit, whether mental or physical, is the difference between possessing the power

of rapid repair by nutrition and not having that power in working order, so that some time must elapse before recovery takes place, and during the interval there will be "fatigue" and more or less exhaustion. The practical value of a recognition of this common-place fact in physiology will be found in the guidance it affords as to the best and most direct way of developing the power or faculty of recuperation by exercise. Many persons make the mistake of doing too much. Exercise with a view to recuperation should never so much exceed the capacity of the recuperative faculty as to prostrate the nervous energy. The work done ought not to produce any great sense of fatigue. If "exhaustion" be experienced, the exercise has been excessive in amount. The best plan to pursue is to begin with a very moderate amount of work, continued during a brief period, and to make the length of the interval between the cessation of exercise and the recovery of a feeling of "freshness" the guide as to the increase of exercise. We do not mean that false sense of revival which is sometimes derived from the recourse to stimulants, but genuine recovery after a brief period of rest and the use of plain nutritious food. If this very simple rule were carried into practice by those who desire "to grow strong," there would be less disappointment and a generally better result than often attends the endeavor to profit by exercise unintelligently employed.

"Man's Duty to Man is Greater than his Duty to Beasts."—Dr. Playfair is the author of this epigram, and it concisely embodies and expresses the truth about vivisection. It is, in fact, the law of nature, and of nature's God. When fallen man—according to the story of "Genesis"—resorted to the vegetable kingdom for his clothing, the Creator pointed him to the animal kingdom as the source of supply. The garment of fig-leaves was divinely replaced by a clothing made of the skins of beasts. This was a clear intimation that not simply for food, but for other necessaries, man was to regard the animal creation as under his control and at his command.—*The Lancet.*

Malaria: Italy.—A project has been prepared for making the malaria regions in Italy healthy. For this purpose a map has been drawn out, which shows plainly the desolation of the Neapolitan provinces. The malaria regions are divided into three classes, namely, weak, serious, and most serious. Thirteen provinces are classified as having weak malaria, twenty-nine as serious, and twenty-one as most dangerous. The new project will give to the Government the right of expropriating territories lying in the region of the most serious malaria contiguous to the lines of railway, for a distance of two hundred meters on each side, unless the proprietors have themselves undertaken the work of improvement. For ten years from the passing of the law, prizes and indemnifications will be granted to any one in the circle of malaria who makes a plantation of eucalyptus trees. The Government provinces and communes are also authorized to grant subsidies. All proposals to sanitary works will be examined by an executive committee.—*London Medical Times and Gazette.*

French Brandy.—In a recent return of the French Minister of Agriculture on the wines of 1882, it appears that the vineyards of the two Charentes, which alone supply the genuine wine brandy, are irretrievably ruined. These two departments, which were devoted almost wholly to grape-culture, gave three hundred and eleven million gallons of wine in 1875. Last year they only gave one-eighth of that quantity, being a falling off of two hundred and seventy-three million gallons, and the quality was execrable. The condition of Charante proper, which produced the true cognac, is even worse, for the vintage—if it can still be called so—only gave the twenty-second part of the yield of 1875, and the ravages of the phylloxera are each successive year going from bad to worse. In fact, the pest has now utterly destroyed, throughout France, nearly two million acres of vineyards.

Cure of Squint without Operation.—In the early stages of a convergent strabismus, before the internal rectus muscle is permanently contracted, Dr. Boucheron (*Schmidt's Jarbücher*, January 17, 1883) claims that a cure is possible without operation. He states that, as a convergence is caused by efforts of accommodation for near objects, if we take away the power of accommodation squint will not occur. He maintains a constant mydriasis by the instillation of atropine night and morning. A cure is usually obtained in two or three weeks. If atropine is not well borne, other mydriatics, such as duboisia, may be used. In nine cases of intermittent strabismus the author obtained eight cures by this method.—*Medical Record.*

SLOW PULSE.—Dr. W. T. Harris, of Brantford, Ontario, Canada, writes: "In the Record, last summer, I saw referred to a remarkably slow pulse, thirty six per minute. Last October I saw a gentleman in perfect health with a pulse of thirty-one per minute, and the same case I saw again last week, and found his pulse thirty-three per minute in the sitting posture. This man is sixty-eight years of age, and has always been perfectly healthy. He is a farmer residing in the vicinity of this city."—*Medical Record.*

SYPHILIS IN AMERICA.—The Philadelphia Medical Times says: It has been estimated that two millions of people in this country, out of a population of fifty millions, are affected by some form of syphilis, and "that thirty thousand males are daily infected with venereal poison in the cities of the United States, a large proportion of whom are residents of inland and country towns, whither they return to spread the contagion."

M. PASTEUR has written from Vaucluse, where he now is, to the Medical Academy at Paris, to say that he has found the cause of the disease in pigs, which in the valley of the Rhone alone killed 20,000 animals lately. The disease is caused by a very minute microbe, resembling that which causes cholera in fowls, but it differs in physiological properties, being quite harmless to these latter animals, although it kills rabbits and pigs, particularly white ones. M. Pasteur succeeded in inoculating pigs with microbes obtained by artificial means, and thus preventing their ever having this disease.—*Medical Press.*

EMIGRATION.—No less than 279,336 inhabitants of the British isles left home for our shores during 1882. This shows an increase of 20,774 on the previous year, and the increase is chiefly made up of persons of English and Scotch nationality. One peculiar feature of the emigration from England is that nearly three adult males go away for every adult female.

THE MARYLAND MEDICAL JOURNAL.—Hereafter the Maryland Medical Journal will be issued as a weekly, appearing every Thursday. It will contain sixteen pages, double column. The size and appearance of the Journal will be slightly altered to conform to the requirements of a weekly. Drs. Thomas A. Ashby and Eugene F. Cordell, the editors of this excellent Journal, deserve success. Monthlies, ere long, will exist only in memory.

"GOOD TEMPLARS' SPARKLING CHAMPAGNE," largely sold for the use of teetotallers in England, has been found to contain twenty-five per cent of proof spirit. Of samples of non-alcoholic sacramental wine analyzed, one contained eighteen per cent of proof spirit, another ten per cent.—*Canadian Pharmacist.*

THE LATEST WORK ON DERMATOLOGY.—Hyde on the Skin would have been a more telling title than "Diseases of the Skin—Hyde," as appears on the back of this book. England has long had her Hunt on the skin and now America has her Hyde on the skin. The latter sounds doubly appropriate.

THREE deaths from chloroform have occurred in Baltimore since October, 1882; and the wife of a prominent physician of Portsmouth, Va., died, March 9th, from the effects of chloroform administered previous to the extraction of some of her teeth.

PADDY AGAIN.—When a gentleman at a banquet was speaking of a friend of his who had the smallpox twice, and died of it, an Irishman who was present inquired whether the man died of the first or of the second attack.—*Medical Times and Gazette.*

EQUITATION AS PREVENTIVE AND CURE OF HEMORRHOIDS.—This is what a New York specialist of the lower regions calls horseback-riding. In the older books we read that horseback exercise is provocative of piles.

A PORCINE PARASITE.—At a late meeting of the Linnean Society of London, Dr. Cobbold described a worm which he called Simondsia paradoxa. It is a nematode, the male living free in the stomach of the hog, while the female is lodged in cysts within the walls of the stomach.—*The Lancet.*

THE much talked of laying-on-of-hands cure is nothing remarkable. Myriads of small boys have been cured of infirmities in that way, and rarely has the boy been found possessed of sufficient bottom to withstand the treatment.—*Newspaper.*

LONDON, in 1881, had 1,607⅝ miles of streets.

A CASE of poisoning by citrate of caffeine has just been reported to the Medical Society of London by Dr. Routh. The drug had been prescribed in dram doses three times a day for severe headache in a man under treatment for debility. Bishop's effervescent preparation was intended, but the pure drug was used. Fifty minutes after taking one powder he complained of burning in the throat, and giddiness; there was vomiting and purging with pain in the belly. He then became almost paralyzed, and was affected with tremors, but his intellect was clear. Dr. Routh found him an hour later collapsed; pulse about 120. Ipecacuanha was given as an emetic, but failing to act, some animal charcoal, with nitrite of amyl and ether, was given. Vomiting subsequently took place, and ammonia, alcohol and nitro-glycerine were given. For some hours he remained much depressed, and did not rally completely till 1.30 A.M. next day, or nine hours after taking the caffeine. Nitro-glycerine in one minim doses was given every two hours, with digitalis, and in about three days he recovered to his former state.

OBJECTIONABLE ANESTHESIA.—The other day a rural female went into a shoe-store to buy a pair of shoes. The clerk was in the act of sprinkling some chalk-powder inside, that they might slip on easily. She glanced furtively at him and remarked: "I know what you are doing." The genial clerk smiled acquiescence. She slid toward the door, and said, in tones that startled his nerves: "You can't chloroform me, mister; I was fooled once before, and I'm blamed if I'll be again." And she left without the shoes.—*Cincinnati Lancet and Clinic.*

AN artificial white slate with black pencil, or pen and ink, for school children is recommended by Professor H. Cohn, of Breslau, instead of the ordinary slate, as he believes the latter tends to produce short-sightedness. The school board of Zurich has forbidden the use of slates after the primary year, and the use of white boards instead of black boards has been advocated both by teachers and oculists.—*Scientific American.*

FLATULENCE and fluttering at the pit of the stomach, often so distressing to women, are relieved (New York Medical Journal) by one-fiftieth of a grain of extract of calabar bean repeated every half hour for six or eight doses.

GRAY'S ANATOMY, of which we have received the tenth edition, edited by Mr. Pick, has attained the position of a classic. Mr. Pick has been at pains, by additional illustrations, and the investigation of points of anatomy as to which differences of opinion exist, to bring this edition into harmony with the latest anatomical researches.

A RIDICULOUS SUIT has been begun against two of Chicago's most esteemed oculists by a tramp, who accuses them of serious damage done to one of his optics by use of nitrate of silver, which was directed to some lid-trouble from which he was suffering. But one or two very mild applications were made; the tramp entirely neglected all precautions, and the treatment was purely gratuitous. The man subsequently fell into the hands of a jealous rival, who, as there is considerable reason to suppose, instigated the suit as a means of gratifying personal malice. It is not likely that any thing will result from the suit, except, possibly, a ventilation of the whole matter, which will be as creditable to one party as discreditable to the other.—*Medical Review.*

LIGATION OF THE INNOMINATE.—Mr. Mitchell Banks tied the innominate artery, on February 28th, at the Liverpool Royal Infirmary, for aneurism of the second portion of the subclavian. The common carotid was also ligated. Mr. Girdlestone's kangaroo tendons were used with strict antiseptic precautions. The patient improved rapidly, and has left the infirmary with his aneurism much better. This is the twenty-third case in which the innominate has been ligated; twenty-one proved fatal.—*London Lancet.*

ONE in three of the total population of London receives, yearly, gratuitous medical relief.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from April 14. 1883, to April 21, 1883.

Wolverton, Wm. D., Major and Surgeon: granted leave of absence for four months, on Surgeon's certificate of disability. (Par. 7, S.O. 85, A.G.O. April 13, 1883.) *Shufeldt, Robert W.*, Captain and Assistant Surgeon, to report in person to the president of the Army Medical Examining Board, in session in New York City, for examination for promotion; on completion of which, will return to proper station. (Par. 10, S. O. 87, A. G. O. April 16, 1883.)

The Louisville Medical News.

Vol. XV. SATURDAY, APRIL 28, 1883. No. 17.

LUNSFORD P. YANDELL, M.D., - - }
L. S. McMURTRY, A.M., M.D., - - - } Editors.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

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KOCH'S DISCOVERY.

No advance in modern pathology has been subjected to more rigid criticism and painstaking investigation than the announcement by Koch, made several months since, of the discovery of the bacillus of tubercle and its bearing upon the pathology of phthisis. Investigators in this country and elsewhere with undue haste announced that there was an error in the observations of the distinguished German microscopist, and that he had mistaken ordinary histological formations for the micro-organism which had long been the object of search. Further investigations, however, have only confirmed the original announcement of Koch, and served to direct admiring attention to the care, ingenuity, and thorough methods which characterize his investigations. In the first number of the current volume of this journal we presented our readers with an able and instructive article by Professor Whittaker, of Cincinnati, prepared after a visit to Koch and careful personal examination of his preparations, in which the practical results of these researches were presented. In this issue a communication will be found from our London correspondent, one of the ablest members of the profession in England, which deals with the same topic. Another communication will appear next week, completing our correspondent's discussion of the investigations recently executed in England bearing upon this important topic. The researches of Koch have safely endured the criticisms of the most rigid investigators, and the indications are that he has made one of the most important of modern scientific discoveries. These researches are so far-reaching, and the relations of micro-organisms to tuberculosis is so important, that it is difficult to estimate the ultimate results of these studies upon the prevention and treatment of tuberculosis. We commend the article of our London correspondent to the careful attention of our readers as indicating the most recent and advanced investigations upon a most important subject. That much is yet to be done before the practical results of Koch's discovery are realized is evident; but that this discovery marks a new era in modern pathology seems beyond all question.

SMALLPOX.

The past winter has been notable for a wide-spread prevalence of smallpox in the United States. The greatest severity of the epidemic seems to have been expended in Baltimore, where it continues to prevail with severity, though it is evidently on the decline. New Orleans and many smaller communities in the South and West are now suffering with outbreaks of the disease. The lesson to be derived from these trying experiences is quite plain, but it seems is never learned; or, if recognized during an epidemic, has to be learned anew with each recurring outbreak. It is evident that to overcome the disease and prevent it, steps must be taken while the disease is in abeyance. When the disease is slumbering and is only heard of at distant foci, then preventive measures should be enforced with the same vigilance as when the epidemic is upon us. Thorough and universal vaccination, performed by and conducted under

the care of a competent medical man, should receive attention at all times. The danger of neglecting vaccination until the disease presents itself in an outbreak, when vaccination is hastily and often imperfectly performed, has been clearly demonstrated during the present American pandemic. The means of protection rest upon vigilance during the intervals of the outbreaks of the disease. Had the same attention been given to public vaccination during the interval between the epidemic of 1870–73 and the present epidemic as has been observed during the past year, the severe experience of the past six months would have been greatly modified if not altogether averted. Vaccination, constant, thorough, and persistent, will prevent a repetition of this disease.

THE LATE DR. VAN BUREN.

Dr. E. L. Keyes, of New York, in a recent memorial address before the New York Academy of Medicine, made an eloquent and graceful tribute to the memory of his dear friend and master, the late Dr. W. H. Van Buren. From this address we learn that at the time of his death this distinguished surgeon had in preparation a work on the Principles of Surgery. Few American surgeons have combined so happily and so ably the work of the scholar and practitioner as did Dr. Van Buren. His writings are remarkable for their practical character, their terseness and elegance, and the importance of the lessons taught. It is to be hoped that these papers referred to by Dr. Keyes will be given to the profession. The fidelity of the following picture, which we extract from the address, will be recognized by many of our readers:

> Dignity and grace vied with each other to find expression in his commanding figure—a figure rendered all the more imposing by his military training. The charm of his personal presence was equally apparent under all circumstances before men singly or collectively. The gravity of his counsel and weight of his judgment were most prized by his peers in consultation. The patient welcomed his coming with gladness, and without a murmur, in that entire confidence born of faith, yielded into his hands the issues of life and of death.
>
> The same personal magnetism was evident in his intercourse with students. Who can forget the swing of his supple figure as he entered the lecture-room of the old University in the glorious days of his pride, and the princely bow with which he saluted his class as the dome of the amphitheater resounded in responsive echo to their acclamations of appreciative reception. His later efforts at Bellevue were none the less gracious, and his white head and beard and the motions of his heavier frame made up in dignity what they lacked in fire.

THE HOLMES BANQUET.

The dinner given by members of the medical professon of New York City at Delmonico's, on the 12th inst., in honor of Dr. Oliver Wendell Holmes was a notable occasion, and marks an important event in the life of that accomplished physician, poet, literateur, and scholar. Two hundred and twenty persons were present, the company being composed of the most prominent physicians of the metropolis and several distinguished representatives of the other learned professions. Dr. A. H. Smith greeted the guest of the evening in verse, reading a poem which exhibits no little talent and much humor. Dr. Holmes replied with a poem of exquisite beauty and taste. The sentiment to the Clergy was responded to by Rt. Rev. T. M. Clark, Bishop of Rhode Island; that to the Law by Hon. Wm. M. Evarts; Literature was represented by Mr. George William Curtis; and the Press by Mr. Whitelaw Reid. Our space permits only the conclusion of Dr. Holmes's poem:

> How can I tell you, O my loving friends,
> What light, what warmth your joyous welcome lends
> To life's late hour? Alas! my song is sung,
> Its fading accents falter on my tongue.
> Sweet friends, if shrinking in the banquet's blaze,
> Your blushing guest must face the breath of praise,
> Speak not too well of one who scarce will know
> Himself transfigured in its roseate glow;
> Say kindly of him what is—chiefly—true,
> Remembering always he belongs to you;
> Deal with him as a truant, if you will,
> But claim him, keep him, call him brother still!

Bibliography.

A Manual of Gynecology. By D. Berry Hart, M. D., F. R. C. P. E., and A. H. Barbour, M. A., B. Sc., M. B. In two volumes. Illustrated with plates, lithographs, and wood-cuts. New York: William Wood & Co. 1883.

We have had frequent occasion to notice in these columns the monthly volumes of standard medical authors issued by Messrs. Wm. Wood & Co. The volumes before us are the two first numbers of the series for the current year. This library has from its beginning in 1879 enjoyed great popularity and has received the highest commendation. Beginning with one of the really great works in medicine of this century—Hilton on Rest and Pain—the selection for each annual series has been made with a judicious discrimination. The volumes issued for January and February of the current year indicate a progressive improvement.

The authors of this manual of gynecology occupy prominent positions in, and are fair exemplars of, the distinguished school of midwifery and gynecology of Edinburgh—a school founded, for the most part, by the late Sir James Y. Simpson, and made famous by his splendid scientific achievements. While this work may be considered an exposition of the teachings of this school of gynecology, the authors have exhibited the good judgment to utilize the researches and clinical observations of their confrères on the continent of Europe, especially in Germany, and in America. The reader has only to note the tabulated list of references at the opening of each chapter, in which he will see, in almost every instance, the familiar names of Sims, Thomas, Emmett, Peaslee, Goodell, Atlee, Bozeman, Battey, and Mundé, to realize that the authors know full well that America is the birthplace and nursery of uterine and ovarian surgery. While a faithful index of British, and, more particularly, Scotch gynecology, this work is based upon a thorough knowledge and recognition of the contributions of every worker in these fruitful fields of science, which have only been opened up during the present generation. The entire work is written in simple, lucid, and elegant style, and is thoroughly practical. It is more than a manual; it is a complete and exhaustive treatise. The work of the publishers deserves special mention. The typography and arrangement is superior, and the illustrations are numerous and excellent. The list of works for the current year is more attractive than in any preceding series, and is admirably adapted to the varying needs of the general practitioner. One can easily select four of the twelve volumes which are well worth the price of the entire set. This enterprise deserves the support of the profession, and we are glad to know that it is being cordially given.

The Thoracoplastic Operation of Estlander: Multiple and Extensive Resection of the Ribs over old and intractable Empyema Cavities, as a Means to effect their Closure. By Christian Fenger, M.D., Chicago, Ill. Reprint from the Medical News, September 23, 1882.

Ruptures of the Subpubic Portion of the Urethra: Select Topics on Modern Surgery, illustrated by Cases from Hospital and Private Practice. By Drs. E. W. Lee and Chr. Fenger, Chicago. Reprint from the Chicago Medical Gazette, February 5, 1880.

Nerve-stretching: Select Topics of Modern Surgery, illustrated by Cases from the Hospital Service and Private Practice of Drs. Christian Fenger and E. W. Lee, of Chicago. Reprint from the Journal of Nervous and Mental Disease, Vol. VIII, No. 2, April, 1881.

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Opening and Drainage of Cavities in the Lungs. By Christian Fenger, M. D., and J. H. Hollister, M.D., of Chicago, Ill. Extract from the American Journal of the Medical Sciences for October, 1881.

Total Extirpation of the Uterus through the Vagina. By Christian Fenger, M. D., Chicago, Ill. Extract from the American Journal of the Medical Sciences for January, 1882.

Treatment of Chronic Nasal Catarrh. By J. Addison Stucky, M.D. Reprint from the Medical Herald, April, 1883.

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Notes on Ottawa Unionidæ. By F. R. Latchford. Reprint from "Transactions No. 3," Ottawa Field Naturalists' Club.

Correspondence.

THE QUESTION OF THE SPECIFIC CONTAGION OF PHTHISIS.

[FROM OUR LONDON CORRESPONDENT.]

Since Koch first announced to the world his results as to the specific bacillus which, in his view, is invariably connected with the causation of phthisis, the attention of British pathologists has been continuously directed to this subject. Naturally his results were from the first scrutinized very closely, and there was an obvious and proper desire thoroughly to test both facts and conclusions before arriving at any opinion or accepting any theory. From the outset, however, his statements were presented with so much clearness, and his preparations, which many of our pathologists here had early opportunities of examining, were so carefully made, so defined and so convincing as to the scientific skill and logical precision with which Koch proceeds in his work, that the impression of our leading practical authorities has always been very favorable.

That the bacilli were actual morphological entities no one could for a moment doubt who repeated with care Koch's methods of culture by his dry process, or who studied the preparations which it was easy to procure from the sputa and the caseous matter of phthisical subjects; nor could any one who has a clear perception of the tendency of modern discovery fail to perceive how thoroughly his work coincides in its facts and the direction of its inferences with all that is sound and most progressive in modern pathology. On the other hand, it is equally clear that bacterial pathology is at the present moment surrounded with peculiar difficulties, owing to the minuteness of the organisms observed, to the facility with which sources of fallacy may pass unobserved, and with which accidental impurities may throughout long series of experiments be admitted unnoticed and vitiate the whole of the conclusions, or even themselves produce the results which the experimenter inadvertently attributes to his pet bacillus.

Mr. Watson Cheyne, one of our ablest young investigators, assistant surgeon at King's College Hospital, and the favorite disciple of Mr. Lister, has been commissioned, by the association established last year for the advancement of medical science by physiological research, to investigate Koch's results and to determine, as far as possible, their relation to the labors of previous and contemporary workers on the subject of the specificity of phthisis. For this purpose he has carried out a series of researches here, and has further visited the laboratories of Koch in Berlin and of Toussaint in Toulouse. In order to understand the very marked importance of Mr. Watson Cheyne's researches in determining the value of Koch's work and fixing its relations to our existing knowledge of the etiology and pathology of phthisis, it is necessary to glance retrospectively at the history of the subject for the last twenty years. This has an alarming sound, but the retrospect may be made quickly and without much waste of thought or words.

The modern history of this subject commences with the researches of Villemin twenty years ago. To recall Villemin's name is to remind any one, who is at all familiar with the history of modern pathology, of what seemed at the time one of the most striking and incredible of discoveries —an observation to the verification and confutation of which hecatombs of Guinea pigs and rabbits were sacrificed, without at the time arriving at any very distinct conclusion. Nevertheless the results were both important in themselves and, as is now seen, valid as pathological data, although neither their full meaning nor the means of avoiding fallacy in the course of the investigation were then in the possession of even the most advanced pathologists; indeed, to refer to Villemin's researches, and to study at the present moment their significance and their errors, is to bring vividly before our minds the evidence of enormous advance in our means of research and pathological knowledge made during this short period. Villemin, it will be remembered, alleged that conditions of disease resembling general tuberculosis were rapidly induced by the inoculation of animals with portions of phthisical lung or the pathological products of caseous pneumonia; on the other hand, in his experiments he found that when other pathological products were inoculated these tuberculous conditions were not produced, hence he concluded that tuberculosis was inoculable and was due to a specific virus. What was the nature of this virus or what the reasons of its specificity pathologists then could only guess at, but the speculation was hazarded that it was due to micro-organisms. Villemin's researches were extensively repeated, among others by

Burdon Sanderson and Wilson Fox in this country and by Waldenburg and Lebert on the Continent; their conclusions did not invalidate the positive results of Villemin, but they asserted as the result of further experiments that the introduction of other substances, and indeed almost any means of exciting pathological irritation, was seen to excite tuberculosis in some of the lower animals. Buhl followed with an attempt to reconcile the two conflicting sets of experiments and the two different views which result from them, by asserting that any caseous material and caseous pus can excite tuberculosis, and that so-called tubercle was nothing else than the caseous degeneration of inflammatory foci. Later, however, Cohnheim, in Berlin, put a different face upon these results. In the first instance, and working in his Berlin laboratory, Cohnheim had alleged as the result of his work that quite innocuous substances, such as cork or guttapercha, introduced into the abdomen of rabbits produced tuberculosis; but working later with Frankel, in Kiel, in a laboratory of which the atmosphere was pure and, as he believes, not impregnated as the Berlin laboratory and as most of the laboratories of Europe at this time were with infected matter floating in the air, and taking some of those precautions which the later progress of science had indicated as necessary to prevent the introduction of impurities, Cohnheim and Frankel as invariably failed to produce tuberculosis by any other means than by tuberculous matter as they before had succeeded, and they were forced to conclude that their former results were due to something in the condition of the laboratory. The most interesting and important experiments in this direction were subsequently made by Cohnheim with Salomonson, who introduced tuberculous matter into the anterior chamber of the eye, carefully excluding impurities and sources of fallacy; here the great advantage is that the actual growth and progress of extension of pathological substances introduced may be watched, and here it can be seen that the tubercle thus inoculated spreads from the iris to the choroid, and so invades the whole eye and subsequently infects the whole constitution. On the other hand, in no instance have these or any other observer, using due precautions, been able to inoculate tuberculosis by introducing any thing but tubercular matter into the anterior chamber of the eye. Thus it will be seen that the course of careful pathological investigation by the inoculating process had led the best observers independently to the conclusion that tubercle is truly specific; thus the experiments of Cohnheim and Salomonson prove the specificity of tubercle.

In 1877 Klebs read a paper at one of the German congresses in which he described micrococci, which he had cultivated from tubercle, and by which he stated he produced tuberculosis; when, however, those experiments reported by Schultzen and others who instituted control experiments, it was found that uniform results were not obtained, and it was evident the methods of experiment had been fallacious. In 1881 Toussaint, in Toulouse, published a very careful and elaborate series of investigation, in which he alleged that he had obtained, from the blood of tuberculous animals, a micrococcus which by successful cultivations in broth he could reproduce as a pure micrococcal growth in successive generations, and that by inoculating this micrococcus he succeeded in producing tuberculosis. It is, however, important to note that he only sometimes produced it. We come now to the announcement by Koch that he was able to demonstrate the presence of rod-shaped bacilli in human tubercle and in tubercle of animals; that he found these bacilli wherever tubercle was present; that he was able to cultivate them as a pure bacillus growth in blood serum in successive generations, and that by the inoculation of this pure bacillus he invariably succeeded in producing tubercle. It is unnecessary to repeat the details of Koch's discovery, his various methods of staining and demonstrating the bacillus, and the special methods of microscopical investigation and of physiological culture which he recommends; all this has been described in detail in your columns and elsewhere. There still remained, however, serious doubts, first, as to the truly specific and characteristic character of these bacilli; secondly, as to the statement that they were coexistent with tubercle wherever found; thirdly, that they were the only bacillus which were found capable of producing tubercle where inoculated; fourthly, that they were found in tubercle, not in closed cavities, and could not therefore be accidental introductions from the outer air.

Leaving the subject at this point for the present, I will in my next communication consider the observations of Klebs on micrococci, and then introduce your readers in detail to the investigations of Mr. Watson

Cheyne, altogether making the most important chapter in modern pathological inquiry. [TO BE CONTINUED.]

PLACENTA PREVIA.

Editors of Louisville Medical News:

I hope that the perusal of the following notes of a case of placenta previa may prove of service to some young practitioner, and not devoid of interest for older ones.

I had just received my diploma from Bellevue Hospital, and felt authorized to go into all the world and administer physic to every creature. I had listened to the eloquent George T. Elliot, and the wise and witty Fordyce Barker, and the garrulous Taylor, and felt sufficient for any obstetrical emergency.

I was asked shortly after to take charge of Mrs. Ward during her pregnancy and confinement. She was very fleshy, forty-five years old; her youngest child was twenty years of age. She had always had very tedious labors with a tendency to excessive hemorrhage. She had been suffering from an intermittent fever of the quartan type, which proved rebellious to treatment, she having taken as high as thirty grains of quinine at one dose by order of another physician. In the seventh month of pregnancy she had a severe attack of uterine hemorrhage, followed in the eighth by a similar one. These attacks left her very pallid and weak. I told her husband that I believed it would prove to be a case of placenta previa, and asked to be speedily notified when labor commenced. On being summoned I found my worst fears realized. The soft, pulpy lobes of the placenta covered every part of the opening cervix. Every pain would be followed by a torrent of blood, the woman would fall back fainting, the pulse would flutter, the pains cease until a little strength was restored. I endeavored to persuade the woman to allow me to introduce my hand, detach one side of the placenta and draw down some portion of the child to act as a natural tampon. As soon as I began to execute the maneuver the woman would draw back and refuse to allow further procedure. "The doctor was young and had better wait for counsel" was the advice volunteered by some other woman. The moral of this recital is that then and there I should have abandoned the case. The counsel asked for was away from home and had to be followed up, and for hours I sat listlessly by while the terrible hemorrhage went on. When the counsel arrived the woman was moribund, the pulse barely distinguishable, and in a few moments she died undelivered. It took me years to live down the stigma of that fatal case.

Query. Will you, Mr. Editor, or some other obstetrician of note, give me your opinion in this matter? A few days ago I delivered a woman by forceps of a male child. She was a primipara, thirty-one years old. The head presented in the occipito-anterior position. The pains were excellent, yet I waited four hours after the waters broke without finding the head to advance. The cord was wound thrice about the child's neck. The child was fairly lively at birth. Could this disposition of the cord retard delivery to that extent without cutting off fetal circulation?

LEVI CHASE, M.D.

IRVING, KANS., April 17, 1883.

SUPPRESSION OF URINE.

Editors Louisville Medical News:

In the number of the NEWS of April 7th is mentioned a case of suppression of urine lasting seventy-four hours, with recovery, and credited to the Lancet. Seeing the article brought to mind a case I attended and made a note of.

A. G., a maiden lady of forty-seven years, was taken, on Monday morning, with a severe pressure upon the top of the head, with nausea of the stomach, but no vomiting. Found her, on reaching her bedside, without fever or pain except as above stated. Inquiry developed the fact that she had not micturated since the evening before. The catheter was used, but no urine found in the bladder. The next morning she vomited a pint or more of fluid from the stomach, about the consistence of the white of an egg, of red color, and with slight ammoniac smell. This state of things continued unchanged until the following Saturday, a period of one hundred and forty-four hours. During this period there was no urine in the bladder, the catheter being used five or six times day and night. There was no deception on the part of the patient. On Saturday the catheter brought away about one ounce of urine, and it continued to increase in quantity until it became normal in appearance and quantity. With return of the urinary secretion the vomiting and pressure upon the top of the head ceased entirely

About a week after the return of the secretion my attention was called to a severe pain in the side. On examination I found a tumor about the size of a turkey egg lying between the liver and right kidney. This tumor gradually increased in size to about double, when fluctuation was discovered. Two days after (Monday) she passed, by the rectum, about a quart of pus mixed with a small quantity of blood and fecal matter. Patient made a slow but good recovery, except that the body is bent forward and to the right. Previous to this trouble the lady had enjoyed good health.

J. BAKER, M.D.

SHELBYVILLE, KY.

POP-CORN, THE OLD REMEDY FOR VOMITING OF PREGNANCY.

Editors Louisville Medical News:

In the Philadelphia Medical and Surgical Reporter of February 17, 1883, T. C. Wallace describes pop-corn as a *new* remedy for the vomiting of pregnancy, and cites a case descriptive of how the remedy should be used. This same remedy is recommended by Dr. F. A. Burall, in the Medical Board, quoted in the Louisville Medical News, Vol. ix, No. 7, 1880, on page 83. Dr. Burall says: "It should be white and light, and eaten freely, sprinkled with salt." I had occasion to use the remedy in two cases, and found it of decided benefit. I however did not rely on it entirely, giving other remedies at the same time.

Dr. E. J. KEMPF.

FERDINAND, IND., April 12, 1883.

Selections.

VERY HOT VAGINAL INJECTIONS.—Concerning this subject, Dr. T. M. Cook, of Sandusky, Ohio, writes as follows to the American Journal of Obstetrics:

Some twenty-five years ago, when treating cases of this character, and finding hot water, alone or medicated, of great value, it became a matter of much importance how best to make the application to the uterus and surrounding parts and at the same time avoid the too great heat and even sense of scalding to the external parts by the discharge of the same as it passed off when thrown in by the ordinary vaginal syringe, or through any pipe attached to a hose or other apparatus conveying the fluid from a point above the patient to the parts by force of gravity. Not alone this inconvenience was experienced, but also that of the means to dispose of the fluid as it passed away. To obviate all this, I made use of a Nott's or similar trivalve vaginal speculum and one of Goodyear's long-pipe rubber syringes. I had my patient placed upon a cot or lounge (proper chairs not then being in use) on the back, with the hips somewhat raised above a level with the lumbar region, the knees well drawn up and separated, and feet so resting as to be easy in the whole position. Then, the speculum being introduced and so expanded as to increase the capacity of the vaginal parts sufficiently to contain from two to four ounces of fluid, the vagina was filled with the syringe, carrying from a half to an ounce, slowly, and by a very moderate action of the syringe. Commencing with the temperature at about 105° F., I gradually increased the same as it was comfortably tolerated, in the majority of cases to 125° F., and in many even to 135° F., and in one case to 140° F., without producing either congestion or inflammation. The latter temperature was used in cases of internal or interstitial uterine growths, also in enlargement of the ovaries from incipient cystic growths. Each sitting lasted from ten to twenty minutes, the water being constantly withdrawn and renewed by warmer water, with no sort of inconvenience or discomfort to the patient, or even wetting or soiling the clothing in the least. At last every drop was removed from the vagina before the patient rose to her feet, and in no case was there pain referable to the hot water. Pain occurred only in a very few cases, when the water was thrown with too great force directly into the os uteri.

This, you perceive, will conflict somewhat with Dr. Schenck's directions, viz., "not over 120° F." But I can readily understand why the doctor has been thus guarded. From the fact that the patient could not tolerate the scalding caused by the passage of the hot water over the external parts, which would be unendurable at a greater heat than he names, he enters this caution. If now the doctor, or any one who is desirous of receiving the greatest benefit possible from this means, has understood me, I have no hesitation in assuring such that they will find these vaginal baths of *very* hot water not only an excellent adjuvant, but more, one of the most potent means at our command for nearly all uterine complaints at all amenable to remedial measures.

The Relation Between Rubeola and Morbilli. (*Wien. Med. Blatt.*)—In 1874 Dr. Kassowitz expressed his opinion as against the existence of a specific rubeola, claiming that sufficient proof of it had not been brought forward. He now takes pleasure in reporting from his own observation an extensive epidemic of Rötheln, during which in no single case a transmission from Rötheln to genuine measles could be demonstrated. The symptoms and course corresponded with the descriptions of Emminghaus, one third of the cases showing very distinct enlargement of the cervical lymph glands. The contagiousness was undoubted, the incubation was between fourteen and twenty days. According to K.'s observations, rubeola is entirely distinct from morbilli, yet the resemblance is so apparent that he must confess that Rötheln stands closer to measles than any other disease known to us, and perhaps, he suggests, this resemblance depends upon some micro-organism as yet unknown. He supposes between measles and Rötheln, as between variola and varicella, some connection, but leaves the question undecided. The analogy between variola and varicella on the one hand, and morbilli and rubeola on the other hand, might perhaps consist in this, that *very exceptionally* from the infection of varicella variola might arise, from the infection of rubeola morbilli might arise. In a debate on this question in the London Medical Congress, Cheadle reported an epidemic of mild cases of rubeola closely followed by severe cases, which might have given rise to a suspicion of transmission of rubeola into morbilli. K. recalls, with a side glance at the micrococci, that the micro-organisms are made either benignant or malignant at the will of the experimenter. Variola and vaccinia, which, although their eruptions are so similar, are yet clinically so widely separated that they are always considered two different diseases, are in fact probably identical. Vaccine is variola virus changed by transplantation to another species of animal. He remarks that even the transmission of variola by variolation makes the disease more similar to vaccinia, in that it runs a milder course and the pustules occur only at the point of inoculation; on the other hand, vaccinia in children who suffer from an extensive moist eczema often, on the tenth or eleventh day, causes an extensive pustular development upon the eczematous surfaces, perhaps because the increased fluxion to the diseased portions of the skin carries a greater quantity of micro-organisms. "Let us, then, not be in too great haste to divide once and for all, from our present stand-point of scientific observation, the cord between rubeola and morbilli, and between variola and varicella."— *American Journal of Obstetrics.*

Diagnosis of Fetal Position.—M. Budin, in a communication made to the Biological Society concerning the position of the ova and fetuses in multiple pregnancy, stated that in twin pregnancy the position of the fetuses and their membranes may present three varieties. (British Med. Journal.) The first has been described in all the hand-books; the third has been mentioned by some authors; but the second has never been mentioned by any, although M. Budin states that it is by no means rare. If a vertical and transverse incision be made in a uterus from left to right, the two ova are seen placed side by side, one being in the right half, the other in the left half of the uterus; this is the first variety. In the second variety, observed in a similar preparation, the ova are placed one above the other; one occupies the inferior, the other the superior segment. In the the third variety, the same method of preparation shows one fetus occupying the ventral portion of the uterus, the other the dorsal portion; one is in front of the other. The first variety generally presents two placentæ, though sometimes only one; the membranes are always distinct. In the second variety, where the fetuses are superposed, there may be either one or two placentæ. In the third variety there are generally two placentæ, very rarely only one. Diagnosis is very difficult in all three cases; in the second it is more difficult than in the first; in the third it is almost impossible.

Diphtheria.—Dr. Edward Woakes thus concludes a valuable paper in The Lancet, March 24th:

1. Diphtheria is an idiopathic inflammation, the peculiar type of which is imparted by previous exhaustion of sympathetic nerve force; that the loss in question occurs chiefly in children in whom the nutritional centers are normally in special activity; and that this exhaustion acknowledges chiefly climatic conditions possessing in themselves no other peculiarity than is implied in the tendency to lower the vital energy of the subjects exposed to them. The patient so circumstanced may be said to exhibit the diphtheritic diathesis. During its continuance ex-

posure to a slight exciting cause, such as a common cold, will suffice to develop a typical attack of diphtheria. Under these circumstances the disease may be said to arise *de novo*.

2. When the diphtheritic process is established, in whatsoever way it may be brought about, the element of contagium is introduced. Though not, perhaps, yet capable of exact histological identification, this is nevertheless a definite tissue element forced into rapid growth. In this state it is liable to be thrown off with the detritus of the process, and is capable of continuing its developmental energies, and of exciting a similar action in the corresponding tissues of another subject, if it come in contact with these, providing the subject be already predisposed to exert insufficient inhibitory nerve-power to resist the tissue demand for such an accession of blood as will suffice to feed the new process to the diphtheritic point. The latter quality resides entirely in the vaso-motor resources of the patient.

3. The explanation of the symptom of sudden death, occasionally witnessed in the disease, is shown to depend on a similar paresis of the nutrient vessels of the cardiac branches of the vagus as was seen to occasion the local lesions in the throat when affecting the vessels of this area. In consequence of the engorgement of the circulation within the nerve sheaths, and the jugulation thereby of the contained fibrillæ, the latter are unable to transmit inhibitory impressions to the heart, which accordingly ceases to beat after a continuance of rapid action has exhausted its inherent vitality.

THE TREATMENT OF SPERMATORRHEA.—Dr. H. Coupland Taylor writes, in the British Medical Journal:

Obstinate cases of spermatorrhea and frequent nocturnal emissions constantly come under the care of the practitioner. Too frequently the medical man consulted simply tells the patient that if he breaks off the pernicious habit of masturbation, which has probably originated his malady, he will soon quickly recover. But in fact, in most cases, the habit has already been abandoned before he comes to seek advice; and these cases do not get well for months or even years afterward, unless proper measures be taken. Knowing that he has left off this bad habit, and that he nevertheless does not improve, his complaint being made light of by the regular practitioner, and being greatly depressed in mind, he seeks the advice of the quack, who is always ready to benefit by these cases. I will give an outline of the treatment I have followed, and which I have found most successful in several such cases. The treatment should be, (1) Moral, (2) Hygienic, (3) Medicinal.

1. *Moral*—(*a*) The pernicious habit of masturbation, which has probably been the origin of the complaint, must at once be discontinued, or no good can result from any treatment. (*b*) The thoughts should be directed from himself by his having regular work and exercise. (*c*) The anxiety of mind which ensues should be allayed as much as possible and a happy state of mind instituted.

2. *Hygienic*—(*a*) The patient should have regular but not excessive mental employment, and bodily exercise in the form of walking, riding, or out-door sports and games. (*b*) Cold sponging of the genitals night and morning for some minutes, or as long as can comfortably be borne, is a most important agent in giving tone to the relaxed organs. (*c*) The patient should have a hard mattress, and as little and as light clothing as possible at night. Care should be taken not to lie on the back, which may be prevented by wearing a knotted towel over the spine, or by some other device. (*d*) No quantity of liquid should be taken before retiring to rest, and the bladder should be emptied the last thing.

3. *Medicinal*—A mixture containing tincture of perchloride of iron and tincture of nux vomica should be given twice or three times a day; also a pill containing a fourth or a third of a grain of extract of belladonna with three grains of camphor should be given at first every night, and then every other night, immediately before going to bed. If these lines of treatment be adhered to, the patient, whether suffering from real spermatorrhea or simply from frequently returning nocturnal emissions, will steadily improve, and the emissions will occur less and less frequently, till, in the course of a few weeks, or possibly months—for a malady of long standing (as this usually is) is never cured immediately—they will cease altogether, or only occur at such intervals as may be deemed normal, and in which there is no harm whatever.

ON PREVENTION OF LACERATION OF THE FEMALE PERINEUM.—(Alexander Duke, M. K.Q.C.P.I., British Medical Journal): The best authorities are agreed that it is not advisable to support the perineum when that

important structure is being distended by the passage of the fetal head. And the reason is sometimes given that the support is so seldom properly applied that it is better left undone.

The best preventive treatment of laceration that I have found (and which I dare not claim as original, though I find no notice of it in the text-books on midwifery) is this: When I find the head fairly engaged in the pelvis, and advancing with each pain, I take my seat by the patient's bedside, and having lubricated my left thumb, or the two first fingers of my right hand, I introduce either into the vagina, and on the onset of a pain draw back the perineum firmly but gently toward the coccyx, relaxing the tension gradually as the pain lessens till the next ensues, and so on till I can draw back the perineum with very slight effort. I thus tire out the muscular structure, and so produce sufficient relaxation for the head to pass.

In most cases so treated there is no danger of the perineum; but when the pubic arch is narrow (which can be easily determined) I take the additional precaution of raising the patient's left hip and supporting it on a hard pillow, while the shoulders are kept low, fomenting the parts, using inunction of lard or vaselin, and taking particular care to direct the head forward by pressure, with my left hand below the coccyx, or a finger in the rectum, leaving the perineum untouched. It has always seemed anomalous to me that the perineum should be expected to dilate on such short notice, namely, "the process of extension," while dilatation of the os and cervix occupy such a considerable time, even with the additional help of nature's hydrostatic dilator, viz., the bag of waters.

The drawing back of the perineum produces no additional pain to the patient, as it is done during a uterine contraction; and I feel sure that, if nurses and students were educated as to the proper way of preparing the perineum previously to its distension with the presenting part, we should see and hear less of lacerated perineum.

Dilatation of the Neck of the Uterus.—M. Chassagny, of Lyons, in a communication made to the Paris Academy of Medicine, describes his method of thoroughly plugging the vagina, and producing rapid dilatation of the neck of the uterus. He places in the vagina a bladder with which an india-rubber tube is connected; this, with the help of a siphon, conveys into it the water contained in a receptacle placed about two feet and a half higher than the pelvis of the patient. The bladder becomes distended by the water and soon fills the vaginal cavity. This brings on abundant secretion, and induces energetic contractions, resulting in the physiological dilatation of the os uteri, which is quickly completed by the mechanical action of the bladder. The bladder is placed in the vagina, and the occlusion of the vulva is obtained by means of an apparatus which M. Chassagny calls the *Elytroptérygoïde* (wings in the vagina). It consists of a cylindrical speculum which holds the bladder; this is forced out as the water enters, and the act of distension separates the valves of the speculum, which, resting on the sides of the pelvis, prevent the expulsion of the apparatus and of the bladder. M. Chassagny mentions, in his pamphlet, several instances of the induced premature labor in cases of contracted pelvis, obstinate vomiting, eclampsia, etc. M. Chassagny describes two cases of vicious insertion. In both cases he induced labor before the natural period by having recourse to rapid dilatation. There was not the slightest hemorrhage, and two little infants were born. In another case, where the mother was in the last stages of suffocative catarrh, M. Chassagny effected in half an hour the safe delivery of a living child. The mother rallied for a few moments only. In *post-partum* hemorrhage the bladder, by completely filling the uterine cavity, closes the openings of the vessels, and, by artificially restoring the pregnant state, determines uterine contraction. The water in the bladder slowly flows away until the uterus is thoroughly contracted.

A Cure for Coryza.—M. Gentilhomme, of Rheims, recommends as a cure for a cold in the head one quarter of a milligram of the sulphate of atropine. (*L'Union Méd. et Sci. du Nord-Est.*) It should be taken as soon as possible after the symptoms declare themselves. In a quarter of an hour after taking the distressing symptoms begin to abate. If necessary, in a few hours the dose may be repeated.

Sacculated Bladder.—Out of nearly three thousand autopsies at Guy's, there were twenty cases of sacculated bladder, eleven caused by stricture, five by stone, two by spinal disease, one by enlarged prostate, and one through epithelioma.

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, MAY 5, 1883.

Original.

THE COUNTRY DOCTOR.

An Address delivered before the Central Kentucky Medical Association.

BY STEELE BAILEY, M.D.
President.

Gentlemen: I will not attempt this morning an elaborate address, because I do not want to infringe upon good nature by disturbing its equilibrium, or give "airy nothings a local habitation and a name." I bear in mind fully Chomel's first law in therapeutics, which is, to do no harm; the second rule is, to do good. If I were trained in the accomplishment of writing, it would be a pleasure indefinable to give you a general survey of the position occupied by medicine as a branch of human knowledge at the present time in relation to other branches of knowledge; but I am not. Besides, it has been wisely said that one chief art in a president's address is to advance no serious opinions and to provoke no criticisms. I shall, at a venture, talk about him for whom I entertain very kind feelings; he is a part of the body politic, cosmopolitan are his habits, a necessity in every enlightened community, and will so continue until the medical mills cease their grinding; which happy event is to occur when chaos shall come again. I refer to "*The Country Doctor.*"

In considering, seriatim, this specimen of the genus homo, shall I be serious or shall I handle him with a tender kid-glove care, allowing you to remark, if I am particularly dull, that there is a design under it. Young doctors, and some middle-aged unmarried fellows too, for that matter, understand there are circumstances under which it would be a breach of good manners not to indulge in a little flirtation. A human being has such a variety of strong feelings in a state of solution that any object will be sufficient to determine their crystallization. "We have all a vast amount of disposable emotion: we all long to admire and be admired; we are grateful for compliments; we want our sentiments to be confirmed by sympathy, and therefore, when an accident has drawn the sluices, a whole torrent of emotions rushes into the channel provided for it." Angels and ministers of grace, however, will defend me from coquetting with this coterie of medical gentlemen, who vary in age from the gray-haired veteran, upon whom Time, the thief, is stealing (but let us hope that age will not wither nor custom stale his infinite variety), to the young man who is radiant, daftly enthusiastic, and who is, as Burns says, "Blithe, fou, and unco happy." To trifle would be unbecoming, undignified, and have neither pleasure nor sense in it. These things being true, I will not shiver longer on the brink, but present to you at once, and as he is, the typical *country doctor.*

To define him: The country doctor is generally understood to be a personage who has a rational appetite, which moves him to do good, or to do bad—to do good the public commonly expects. It is also expected that he will seek no revenge, or be mindful of wrong; that he will bring home his brother's ox if he go astray, as it is commanded; that he will give to him that asketh, and not turn from him that borroweth; that he will bless them that curse him; love his enemy; make himself equal to them of the lower sort; rejoice with them that rejoice, weep with them that weep; speak truth to his neighbor, be courteous and tender hearted, be hospitable and, withal, *dispense the necessities* to the saints. Pegasus must show the stuff that is in him by pulling a cart as well as in any other way.

If to fulfill these expectations be not in him naturally, it must be acquired, that he may be on terms of good will with the pop-

ulace, without reckoning once that he has an existence to support. The "fresh" country doctor is regarded as one freighted with philanthropy; he is expected to work from early morn till dewy eve, dispense charity in every quarter—and to charge would be mercenary and base; only *fiddlers play for reward.* At the tip of his career, if he is impecunious—and ninety in a hundred are in this calamitous condition, believing the illusion that medicine is a profitable investment—and he casts his lines among a strange people, he will oftener than not meet men who seem impressively clever, who will proffer him that of which they have most to dispose, not silver and gold by any means, but *good advice.*

They always begin: Be charitable to the poor, never refuse a call to white or black for the sake of experience; they suggest with whom he must curry favor; he must be moral, industrious, agreeable, social, attend church, and from this consecrated house "play the phantom," if it needs be, to win, and in this way work from the hovel in the knobs to the man who has cattle on a half dozen hills. Indiscriminate advice to a sensitive man is, like indiscriminate alms-giving, disgusting; but our subject is inexperienced, timid, and Hope, the anchor of the soul, bids him do nothing rashly. He plods along quietly yet actively, and alive to the exigencies of life, and very thankful for small favors. He lives stingily, the fees come in slowly, and his landlord, who supplied the inner man for several months maybe, becomes importunate. Then it will be that Esculapius will rise in the morning but little refreshed by the chief nourisher in life's feast; matters look gloomy, but he thinks, philosophically, "Into each life some rain must fall, some days be dark and dreary;" the creditor is appeased—the toiler is ready to fight his battles, he believes in himself and that a good day is coming. Regardless of minor interruptions, he is stimulated by an ardent desire to forward the improvement of his profession: he devotes to study every hour he can spare from his daily vocations or snatch from the time allotted others to sleep, and to advance this end he is as ready as was John Hunter to sacrifice the claims of worldly prudence and self-interest. . . .

It must be agreed that, of all men, the country doctor does the most wearing work, his mode of life is at high pressure. He is exposed to the inclemency of every weather, to the cold blasts and rain of winter, to the shimmering heat and dust of summer; in sunshine and in shadow he must go. The holy hour of midnight often catches him on the road, going forth as the good Samaritan, and, forgetful of self, he hastens that he may relieve some poor soul of an inward grief or peristaltic woe. "The portals of the contagious chamber which none dare enter are passed by him without a moment's hesitation; and fortunate is he who goes through life without disease directly incurred in his line of duty." Yet, as he passes along, he is slowly gathering about him that bitter lore of life, experience, which shows him the futility of tricks of semi-professional tactics; which tells him how careful he must be in his ministrations to the sick; how chary, as wise as a serpent and as guileless as a dove. His developed condition, the sense of the innate, tells him to appreciate the endearing elegance of female friendship, to exercise that tact which beats genius, to agree in many things with the old ladies, and be cheek by jowl with that *influential* but *ancient miss*, whose poor sad heart may yet be dreaming.

Under certain circumstances, and with some pretty good people, he must not be bold enough to assert that a roasted mouse is not a sovereign cure for gun-shot wounds, that cobwebs boiled with the chamomile are silly things for an indigestion, and that nobody had ever been cured of jaundice by swallowing the yelk of an egg with a flea in it, for fear that he may be accused of heresies which would subject him to bitter assaults. On occasions he must have nothing original about him, "except original sin." What a character he is! how sweet, how accommodating, how generous!!!

After obeying for a long time the behests of worldly imprudence, by patience, economy, work, flexible hope and good humor, with perhaps a semi-occasional churlish apostrophe after the famous Sam Johnson, that medicine is a melancholy attendance on misery, a mean submission to peevishness, and a continual interruption to pleasure, *Time*, the *great admonisher*, whispers that he is not being requited according to his deserts. Others who commenced life after himself, in other pursuits, are climbing the ladder to competency; can travel, own houses and lands, and dress in purple and fine linen daily. He may not know that crow's feet are multiplying, or his hair frosting, unless his glass is consulted or the fact communicated by some kind friend. His feelings yet are tonic, vigorous, need no constructives; but, in spite of this, the record of the family Bible tells him he is nearing forty, and he

knows there is but little of the *sine qua non* laid up for a rainy day. Amid all discouragements and disappointments, he has performed his whole duty. He has purchased medicines which he has given freely to prince and peasant; he has sacrificed mental labor and time; he has brought many sick back to health; he has preached the gospel of preventive medicine, the gospel of fatness, of temperance and repose; he has done, in a word, every thing which would cause him to be called a good country doctor.

By his pen he has contributed his mite to the progress of his profession, he has watched jealously its interests, he has *charged fees according* to the scale of his worthy neighbor, knowing that downward pecuniary competition in ordinary course of private practice is every where reprobated and condemned. He has tried to be the gentleman, and his conduct taught him that in any community, in this or in any other civilized country, the practitioner of medicine who dares watch at the door of a professional neighbor, and tempts his patients by an offer to practice at lower fees, is at once stricken from the roll of honor and consigned to merited ignominy and disgrace.

Ambitious of attaining a standard of excellence and success in his profession, every instrument of precision has been employed. The clinical thermometer, the microscope, the rhinoscope, the ophthalmoscope, in fact all the "scopes" have contributed to the welfare of the sick placed in his hands; and yet *there is something lacking.* Again, as the panorama of life is unvailed before him, he sees beauty and joy in nature, he feels that this world is a good one to live in; the people are cheerful, sunny-natured, polite, urbane, comparatively prosperous and contented. He himself has had many pleasures, some frolic, and some fun. His social and professional life has manifested itself in many charming ways; his intercourse with congenial persons, the growth and cultivation of their friendship, have been a balsam and a nectar. Another, and not the least of his physical delights, he has ridden the same horse day after day, who is not a slave, but a friend; who has learned his tricks of voice, hand, and heel; who bears his master's infirmities, knowing that his master will bear with his in turn. On his "Rosinante" he built air-castles, revolved his cases, subjected them to treatment, cogitated on his successes and reverses, went over and over again his varied and checkered life experience, and forgot the world while on the friendly, shady road, and only came to a realization when he bumped against a worldling.

Thus the hours and days were spent, sinning against nobody, because his conscience is void of offense; still he *is n't entirely happy.* Why is n't he? Not that he has remorse over talents wasted and opportunities squandered, or a melancholy sadness that he failed to improve the seed-time and formative periods. By no means. He made others happy, he gave to his clientele his marrow and fatness, he strove above self by good deeds and moral heroism. He willed to achieve success, he accomplished it, and in testimony thereof he is an epistle known and read of all men. His business habits have been methodical and scrupulous as to details. He is rich in experience angels might covet—rich in a faith of the power of medicine that has grown with his years. His hands and heart are clean and pure, and he can say truthfully, the curtains of the land of Midian might tremble, but he did his duty.

While chewing the cud of reflection he finds that life is going as it does with ordinary mortals, with this difference, probably, that he has many *clinging* friends. The children know him familiarly, and are his pets; the women of his clientage treat him with great friendliness and deference; and the men appeal to him when in trouble, whether it be for a furuncle or a fever, or to subscribe to a note (a mere legal formality!) which they may have in bank, and which pleasantly reads, "Four months after date we promise to pay"—who? My family doctor and I. And that legal instrument, instead of increasing his exchequer, sometimes leads to misery and want to the doctor. If he has done all the requirements of a country practice—has been earnest, skillful, judicious, lenient, and accommodating—why has n't he personal bliss? What is the contrary wind preventing his ship from entering the port of contentment? Echo answers, "*Ill requital.*" He piped to them, but the dancers were not *always* responsive!!! Hence this wail in zephyrs.

Each gentleman of this Association wears three faces—when first sought, an angel's; and a god's, the cure half wrought; but when that cure is complete, and he seeks his fee, the de'il looks then less terrible than he. Is there a balm in Gilead to remedy this?

"Let doctors, then, of whatever school,
Remember to observe this prudent rule:
When our tortured patients cry out, 'O dear me!'
Then let each say, 'I ll thank you for my fee.'"

But is it money which is the *ultima thulê* of the country doctor? I do tacitly answer, yes; without a certain sum to meet the requirements of this utilitarian age, and to put him upon a plane of social equality with the best people—an amount sufficient to give him ease—and that he shall not feel he is bound and compelled to be a daily bread-winner, is necessary, and should be his according to the *quid-pro-quo* law. But alas! alack! by professional work alone how few attain unto the elysium!

In a measure man has the making or unmaking of his own destiny, so far as the interests of this life are concerned. However, the truth dawns that medicine is not a commercial pursuit, and that the "tenderest spot of the American anatomy, the pocket," is reluctantly opened to disembarrass one's self of a medical bill.

While his toil and ambition have been equally great, and his pay and dignity equally small, the country doctor continues to work through endemics and epidemics; but year is succeeding year, and time with him is fleeting. He is still a good citizen, and esteemed for his moral worth; his family is highly respected; his boys and girls have grown into honorable men and women, and he himself at his chosen task; yet he feels a limp in his gait and a slowing of his speech, and that medical life is more burdensome the longer the vesture is worn; and the good (?) people, they who have worn him out, and some at whose mother's accouchement he was present, thoughtlessly say, "He is old, only good in obstetrics now, and perhaps a *pretty good baby doctor.*"

He is growing old; but is doing so gracefully, peacefully, cheerfully. A little while longer, just a little, Age, the inevitable, plants wrinkles over his visage, the thatch on the top of the roof falls off, the grinders cease because they are few, the windows become darkened, and prop after prop falls away, till, a serene and senile man, he drops into that cavern men call the tomb, and the world wags on and on as though he had never been born. If his reward is not attained in time, we are sure that in eternity he will receive the welcome plaudit, "Well done, thou good and faithful servant!"

A few more words, and I am done. The Association to which we belong is an honored one, not because of hoary age, but as a sequence of our achievements. It stands second to none belonging to this Commonwealth. It is known as a permanent, practical, and scientific institution. From the day of its organization the members have followed implicitly the teachings of the Code of Ethics, they have upheld and advocated hygiene and sanitary science, and have cherished and approved the idea of higher medical education. And now we feel, in these times of medical unbelief and dissension, that a more loyal and dignified encouragement and adherence, an occasional renewal of our obligations to the code, the source from which our fathers drew inspiration and enthusiasm, to be the best means of keeping the profession of physic above the "isms" and "pathies" of the age. We have much for which we should be thankful, and I know of nothing better than the prospect before us.

For the accomplishment of greater purposes let each man resolve to contribute his quota to the Society's work. "If we may impute a fault to those who are admirable in all the ordinary work of life, I would suggest how large a quantity of knowledge lies scattered and lost to the scientific world in the charge of those who are in large (country) practice, and who *record* nothing" (Sir Jas. Paget); not even an occasional paper to their home society.

I would suggest that a written report be made to this Association of each interesting case, and let that report show painstaking in its preparation, a bestowal of mental work in its every page, so that any medical periodical in the land would be glad to publish it.

Let us do nothing in "pigglety-wigglety" way, but every thing in decency and order. Let our work during the year of grace 1883 surpass in interest and excellence the years that have gone before. Let no man fail in his appointment, whether it be as leader for debate, as chairman of a committee, or as chairman of one of the sections. Confusion and annoyance have arisen in consequence of such failure on a few occasions. Pride and a higher estimate of our duties must prevail to prevent a future chagrin.

So far as the discussions of this Association are concerned, gentlemanliness has been the unvarying rule. The golden rule has been observed. Not a wave of trouble has come above the surface, and in the future we can not do better than heed the wise teaching of Sir James Paget, who says: "Do not let our disputes be very noisy on the scientific side. Remember always that it is only through clear and undisturbed water that you can see what lies at the bottom. In storms of controversy there is nothing to be found but the billow that moves to mischief and the foam that disappears."

Miscellany.

THE annual session of the Medical Association of the State of Alabama was held at Birmingham on April 10, 11, and 12, 1883. The attendance was excellent, and the papers and discussions were instructive. The following officers were elected for the ensuing year: President, Dr. M. H. Jordon, of Birmingham; Vice-Presidents, Dr. Frank Tipton, of Selma, and Dr. S. M. Hogan, of Union Springs; Secretary, Dr. T. A. Mears; Treasurer, Dr. W. C. Jackson. THE following resolutions were adopted:

Whereas, The Medical Association of Alabama views with the deepest concern and regret the action of the Medical Society of the State of New York, at Albany, in February last, in adhering to its former action in regard to the Code of Ethics; and although this Association, at its meeting held in Mobile, in April, 1882, passed resolutions condemning the former action, yet feeling that this is a blow at the fundamental principle of all medical ethics, we deem it proper, upon the reaffirmation of this dangerous doctrine by the Medical Society of New York, that this Association again declare its views; therefore,

Resolved, That, as an association looking to the advancement of medical science, we can but regard this action as unnecessary and unwise, and calculated to create schism in that noble body of men who have for so many centuries worked harmoniously together upon the basis of *unity of principle and community of thought.*

Resolved, That as an association, acting through our delegates to the American Medical Association, at Cleveland, we will use every fraternal means to induce these erring brothers to return to their allegiance to what we regard as the basis of medical ethics; and in the event of failure in this, we will use all honorable means to exclude them from a participation in the benefits and privileges arising from the medical compact based upon this *oneness* in principle and thought, and springing, as it does, from a recognition of true scientific principles in medicine as opposed to special dogmas.

Resolved, That as the ethical relations of the profession, and the views, especially of the younger members, are greatly influenced by the tone of the medical press, we can but condemn the course of those journals which have espoused this "new-code" idea, and we discourage subscriptions to such journals in this Association upon this ground, however worthy in other respects.

Resolved, That as the views and opinions of professors of colleges, whether on medicine proper or medical ethics, are generally received as *ex cathedra* by students, and by them carried into the ranks of the profession, we can but view with distrust those medical colleges where this view of ethics is openly inculcated, and hence can not consistently recommend such colleges to the medical students of this State.

OUR readers will find the conclusion of our London letter in this issue of the News.

ANCIENT ROME AND THE CAMPAGNA.—Dr. Drummond, of Rome, delivered a lecture recently before the British and American Archæological Society of that city "On the Climate of Ancient Rome," in the course of which he argued that the Romans and their early rivals—the inhabitants of the cities of Etruria and Latium—must have been a healthy people. (British Med. Journal.) Had they been otherwise, they could not have played the marvelous part which they did play in history. He believed much of their greatness was the outcome of their attention to hygienic laws, as evidenced by their baths and their excellent systems of water-supply. Dr. Drummond showed that classic authors bore out his conclusions, and that all historic evidence is in favor of the healthiness of Rome and its suburbs in early times. He believed that although the clearing of the forests, the silting up to some extent of the delta of the Tiber, and similar causes, had no doubt somewhat modified the climate, they had not altered it to any considerable degree; that the severe winters mentioned by Livy and other writers had had their parallel in modern times; that although certain spots in the neighborhood of Rome were considered by the ancients to be unhealthy, they were not numerous, and that many which were undoubtedly healthy in Pliny's day are now notoriously insalubrious. He attributed the malaria of the Campagna, which has gone on increasing for centuries, to systematic neglect of proper drainage and cultivation. This had originated in the fatal policy of the Romans, who deported the inhabitants of conquered cities in the neighborhood of Rome as slaves, and consigned the lands to colonists who proved incapable of carrying out efficient cultivation, so that the Campagna relapsed into desert and became more and more malarious. Dr. Drummond showed that the Campagna—not really a plain, but an undulating district—consists of volcanic materials discharged by eruptions at times when the Sabine and Alban mountains were acting, partly when the plain was beneath the sea, and partly after it had risen above it, and is in consequence possessed of a porous subsoil, disposed in layers, which are for the most part permeable to water. The craters of these mountains, which are now lakes—Albano, Nemi, Bracciano, etc.—have been shown by Tommasi-Crudeli to be the chief source whence the collected rain-water percolates through the rocks of the moun-

tain base and comes to infiltrate the subsoil of the Campagna, thereby fostering the conditions which engender malaria. Dr. Drummond described the remarkable system of archaic subsoil-drainage, found in connection with the Roman hills and in the Campagna, called "the cunicular drains," which seems clearly to have been designed and carried out in prehistoric times for the purpose and with the effect of rendering the Campagna healthy, habitable, and capable of extensive cultivation. Dr. Drummond urged the restoration of such a system; and, indeed, a bill for legislation to this effect is now before the Italian Parliament. Should it become law, malaria seems likely to become a thing of the past, to the great advantage of Rome from every point of view.

"PHANTOM HYDROPHOBIA," OR DEATH FROM FEAR.—It is perfectly well known that fear may kill. The impression made on the higher centers of the nervous system may be so strong that one of two effects is produced in differing cases. (Lancet). First, that part, or those parts, of the cerebrum on which the force of impression falls suffer "shock." In a psychological sense they are panic-stricken; in a physiological, or, if any one prefers it, let us say pathological, sense they are paralyzed by the overpowering influence of the impression produced upon them. When this is the form or cause of death the "shock," or paralysis, probably extends to certain vital centers in close relation with the ideational centers first affected. The injury inflicted on the higher centers, whose function is ideation, would not in itself suffice to kill. Dementia or madness might ensue, not death. Second, the emotion we call fear may set up so much and such bewildering excitement in the cerebral centers that these may inhibit the organic functions of other centers by "interference," as the *modus operandi* of inhibition is expounded by Dr. Lauder Brunton in the admirable series of papers he is publishing in *Nature*, the rythm of the vibrations set up in one molecular center or congeries of centers being discordant with, and interruptive of, the rythm and molecular vibration of others. The objection that death is not likely to be produced by the inhibition of a vital center by an intellectual center, because the depressing influence exerted by the latter would cease to be exerted before death actually occurred, may be met by the rejoinder, that in some, probably most, forms of inhibition, it is the *interruptive* rather than the depressant influence of the inhibitory center that puts a stop to the activity of the center inhibited. The latter is *knocked* down, not *held* down; and there must be an exciting influence from without if it is to recommence its normal activity. There is, possibly, a third mode of death from fear, in which the whole of the available force of life in the organism is, as it were, absorbed and discharged by the intensity of the mental emotion. We know that something of this sort—a concentration of force or life-strength—may and does happen in states of the physico-mental organism from which the subject of the commotion recovers. Indeed, it is of quite common occurrence. For example, when the muscles are in most vehement action it is difficult to think; and, conversely, strong muscular exertion is almost impossible during intellectual activity. Explain these experiences as we may, the essential fact remains: intense activity in one part of the body is incompatible with a full discharge of energy in any other. In its extreme operation this law—for as a law it certainly must be regarded—may cause death by arrest of some vital function while the centers of thought and consciousness are ordinately strained. To which of these three physiological causes or forms of death, that which occurs through prolonged fear—as distinguished from sudden fright—may be referable in any instance, the special symptoms of the individual case must determine, but it is clear that any one of the three will suffice to kill. Deaths from "fear of hydrophobia" fall into the category, even when they are preceded by mimetic symptoms which afford an excuse for calling the train of phenomena producing and including death a disease—"phantom hydrophobia." It would be better for science (and practice too) if all mimetic diseases could be studied from the standpoint of the physiologist rather than that of the pathologist. As it is, they lose half their interest, and the suggestive lessons they have to teach with a view to the saving of life are apt to be lost.

"AMETHYST" has been suggested as a title for men who never get drunk, since the amethyst is so named because it was supposed to preserve its wearer from alcoholic intoxication. The amethyst is a common stone, comparatively; but the drinker who never gets drunk is like the white elephant, rare and admirable. We have never seen a white elephant. We hope we have seen an "amethyst."

The Louisville Medical News.

Vol. XV. SATURDAY, MAY 5, 1883. No. 18.

LUNSFORD P. YANDELL, M.D., - - }
L. S. McMURTRY, A.M., M.D., - - - } Editors.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITORS OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

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THE TREPHINE IN HEAD INJURIES.

At the recent meeting of the Kentucky State Medical Society the question of Trephining in Injuries of the Head was brought to the attention of the profession in some carefully recorded observations on this important class of injuries by Dr. W. O. Roberts, of this city. The cases reported by him were thoroughly instructive, and demonstrated clearly the value of the operation in appropriate cases, and the importance of accurate discrimination in the selection of cases. In the course of the discussion which followed, Dr. D. W. Yandell and Dr. J. N. McCormack related some instructive clinical experience in confirmation of the views presented by Dr. Roberts. The attention of surgeons is again directed to this important question by Dr. Henry B. Sands, of New York, in a paper read by him at the recent meeting of the New York Surgical Society. We publish, in another column, this paper almost entire.

The state of professional opinion upon this question of interference in head injuries is in such unsettled condition that its discussion at the present time can not but prove of great advantage. A few surgeons in this country have of late years advocated a revival of the obsolete practice of trephining in simple fracture, when attended with displacement and in the absence of head-symptoms. With many practitioners there is an impression prevailing that in all fractures, even of the most simple character, when accompanied with depression, the trephine should be at once applied. It is to this feature of the question, the use of the trephine as a preventive measure, that we desire to direct attention more especially at this time.

This practice is particularly in favor in cases of simple comminuted fracture. It is argued that unless the fragments of bone are removed they will become necrosed, and establish thereby intra-cranial inflammation. While opposed to the known laws and behavior of fracture in other portions of the skeleton, this practice is contra-indicated by all clinical experience. The application of the trephine, too, in those cases where the inference is that some sharp fragment of the inner table has penetrated the membranes, is also a most injudicious and harmful practice. It must be remembered in connection with this class of injuries that the operation of trephining converts a simple into a compound fracture, a most serious alteration of the condition, and one to be induced only under circumstances of absolute necessity. As indicated in this connection by Dr. Sands, the unbroken skin furnishes a protection here more sure and trustworthy than any thing yet offered by antiseptic surgery.

We have known the trephine to be applied in cases of fracture where the head-symptoms were quite ambiguous and indefinite, and where the depression was very slight. The result, so far as we have observed, under these circumstances is almost invariably fatal. Almost every practitioner is familiar with instances of great depression of the cranial arch, in which excellent recoveries have followed treatment without interference. The powers of nature in these cases is remarkable. It is well known that when the depressed bone causes symptoms of compression, these symptoms may permanently disappear without an operation.

The question of interference in fractures of the skull is to be determined in connection with the nature of the damage done to the intra-cranial contents. The question is not one of prevention, but relates to the relief of lesions already induced. There are, of course, conditions in which the way is quite clear and the indications for trephining are positive. The guides to rely upon in deciding a course of action are the indications of contusion or laceration of the brain, and hemorrhagic extravasation. If the injury is limited to a depressed fragment of bone, without lesion of the brain and its membranes, the compression is rarely of long duration. With our present means of diagnosis, the course to be pursued in cases of simple fracture, with head-symptoms, is not easily determined. Each case is to be determined by the nature of the symptoms referable to the brain. It is to the analysis of these symptoms that more light is especially desired. That the range of the operation should be more definite, and that the indiscriminate use of the trephine in cases of simple fracture is to be condemned, will be admitted by all who give the subject the attention its importance deserves. That the operation which converts a simple into a compound fracture, and which in the most skillful hands may be accompanied with injury to the brain or its membranes, is inadmissible for purposes of prevention is the lesson of reason as well as of experience.

THE CONTROVERSY IN NEW YORK.

The controversy over the ethical problem in New York has assumed a form which must be deprecated by physicians every where. The advocates of the new-code (or no code) movement have exhibited any thing but a fair and scientific spirit, and have been repaid in turn by the same policy on the part of their opponents. The scene at the Academy of Medicine at its last regular meeting was pitiable and almost disgraceful. Men who have attained distinction in our art were wrangling in a manner which would almost be discreditable to a political ward meeting. Amid jeers and hisses the Academy "broke up in a row" after the president had resigned amid confusion and disorder. The following resolutions, however, were adopted:

Whereas, The New York Academy of Medicine has adopted in its by-laws, as its standard of medical ethics, the Code of Ethics of the American Medical Association; and

Whereas, Each newly-elected fellow of the Academy is required to sign its constitution and by-laws; be it

Resolved, That the Committee on Admissions be and is hereby instructed to report to the Academy for election as resident fellow no physician who is known to the committee to be in opposition to the Code of Ethics of the Academy, and who, as a consequence, can not consistently sign the by-laws of the Academy.

Resolved, That these instructions to the Committee on Admissions be continued in force until the American Medical Association shall have modified or repealed its Code of Ethics, and such modification or repeal shall have been adopted by the Academy, or until the Academy shall have modified or repealed its by-laws referring to medical ethics.

Resolved, That the Academy hereby disavows any sympathy with the action of the State Medical Society, which has put the profession of the State, through its State and county societies, in an attitude of opposition to the medical profession of the rest of the United States.

Vaccine Virus.—An eminent physician, of New Orleans, writing to a recent exchange concerning vaccination, which has of necessity received much attention of late in that city, says: "Physicians here are becoming more and more opposed to bovine virus. The use of it had become quite general because of popular clamor for it. The unsatisfactory results may, in a measure, be due to the fact that the supply is brought from the North, and thus becomes old before it is used. We have seen many cases where the only results following its introduction were papular raspberry marks, which remain for an indefinite time, gradually fading away without pustulation. In each of two of these cases under our charge, fresh humanized virus produced a typical vesicle which ran through its regular course.

Bibliography.

An Index to the Practice of Medicine. By WESLEY M. CARPENTER, M.D., Assistant Pathologist to Bellevue Hospital, etc. Pp. 304. New York: Wm. Wood & Co. 1883.

This beautiful manual of the practice of medicine surpasses in the excellence of the compilation and the superlative style of the printer's work any similar publication which has yet appeared. It is written from a clinical standpoint, and is designed as an aid to the study and practice of medicine. Dr. Carpenter possesses peculiar qualifications for the task assumed in the preparation of this work, and he has discharged the same with rare good taste and judgment. As a rule, such works have not merited professional favor, inasmuch as routine and stereotyped methods are inculcated by their use. This work is beyond such criticism. It gives in condensed style the essential facts gathered from a wide field of study and observation. The well-known publishers, Messrs. William Wood & Co., have made the book a model of elegance. The printing is fine, the paper excellent, and the binding superb. It is interleaved for notes, and is admirably adapted to the wants of the young physician who would quickly gather up his knowledge in a moment of necessity, and also the experienced practitioner desirous of turning to a condensed account of medical practice as indorsed by the first authorities of the present day.

The Dispensatory of the United States of America. By Dr. GEORGE B. WOOD and Dr. FRANKLIN BACHE. Fifteenth edition. Re-arranged, thoroughly revised, and largely re-written. With illustrations. By H. C. Wood, M.D., Jos. P. Remington, Ph.G., and Sam'l P. Sadtler, Ph.D., F.C.S. 1 vol. Pp. 1928. Philadelphia: J. B. Lippincott & Co. 1883.

More than usual interest is attached to this edition of the United States Dispensatory, a work which has so long and so justly been regarded as the great store-house of knowledge of materia medica and pharmacy. In the preface the reader is informed that just fifty years have elapsed since its great originator, the illustrious Professor Geo. B. Wood, penned the preface to the first edition. Since then both he and Prof. Bache have gone to their rest. What changes have marked this long existence of their great work! What additions and improvements have been made in it and in the science of which it has continued to be the most complete exponent! Yet the original plan and character of the work remains the same. This of itself is a striking evidence of the great erudition and wisdom, the great industry and labor unsparingly given to it from the first. Yet each successive edition has been an improvement upon the one preceding it. The present is a magnificent work. It is difficult to understand how any physician could, or could be willing to, do without it; and the price, considering the magnitude and great practical usefulness, is very cheap and within the reach of every one.

To Prof. H. C. Wood it must have been a labor of love to revise, perfect, and perpetuate the work of his illustrious uncle. In the present edition the sections treating of Medical Properties and Uses, Botany, and Materia Medica have been his work. The sections upon Pharmacy, Pharmaceutical Chemistry have been elaborated or re-written by Prof. Remington. The facts relating to Theoretical Chemistry and Toxicology are by Prof. Sadtler.

Though founded upon the old work the present edition is so much improved and enlarged as to constitute a new dispensatory. Its preparation has been the work of several years, and is in every way creditable to the distinguished scientists who have given so much patient and painstaking toil to it. O.

Otitis Media Purulenta. By DUDLEY S. REYNOLDS, M.D., Professor of General Pathology and Diseases of the Eye and Ear in the Hospital College of Medicine, Louisville, Ky. 1882.

This is a lecture stenographically reported for the Medical and Surgical Reporter, of Philadelphia, and reprinted in pamphlet form. The subject treated is one of great interest and importance, and the author illustrates it with numerous clinical obervations. Dr. Reynolds is a painstaking observer, and always exhibits originality and precision in treating subjects connected with the special branches of surgery in which he has become a recognized authority.

The Best Methods of Treating Operative Wounds. By HENRY O. MARCY, A.M., M.D., of Boston. Read before the American Academy of Medicine, October, 1882, at Philadelphia. Reprint from New York Medical Gazette.

This is a valuable paper on a subject which has received more general attention from surgeons than any other during the past decade.

Medical Societies.

BEECH FORK MEDICAL SOCIETY.

The Beech Fork Medical Society met at Springfield, Ky., Tuesday, April 17, 1883, in the Cranch Hotel, and was called to order by the president, Dr. R. C. McChord, at 11 A. M., Dr. S. D. Williams, secretary, at the desk, with the following members present: Drs. Alex. Crawford and B. F. Hill, Bardstown; M. K. Palmer and W. W. Cleaver, Lebanon; W. W. Ray and J. H. Lampton, Springfield. The minutes of the previous meeting were read and approved. Messages from several members were received, regretting that they could not be present.

Dr. Crawford's paper on Puerperal Eclampsia was made the special order of business, the reading of which gave rise to a lengthy and interesting discussion, all participating.

Dr. Ray reported a case of convulsions, in which headache was the first and most prominent symptom. He gave dose of morphia. One hour after this she had a spasm. Sent for forceps and chloroform. Os dilated. Chloroform gave immediate relief, but when the head reached the vulva convulsions occurred again. Delivered soon as possible. In this case the convulsions seemed to be entirely independent of albuminuria. The child and membranes were considerably decomposed and offensive. Case proved fatal soon after delivery.

Adjourned for dinner. Reassembled at 1:30 o'clock. Discussions continued.

Dr. Ray said he was not partial to opiates in puerperal troubles. Drs. Cleaver, McChord, and Crawford thought opiates ought to be used very cautiously. Dr. Williams said it was often the case in these convulsive attacks that small doses of morphia given hypodermically did much to tranquilize the nervous trouble, and then this should be followed with chloroform. He thinks that a too lavish use of chloroform interferes with or makes involution much more tardy in some cases than when the anesthetic effect is slight or none used at all. Dr. Crawford corroborated his statements. Where the os is quite rigid and unyielding, chloroform is our greatest agent to overcome it.

Dr. Cleaver reported the case of his mother, aged about sixty-three, as having a very peculiar and low pulse-rate, and first noticed in 1878, at which time her pulse beat 25 per minute. Went down to 15, and so remained for three months. Gave brandy and applied mustard freely. No perceptible good. Ordered then elix. calisaya, iron, and strychnia. Her pulse gradually increased one or two beats a day till reaching 70. It fell again to 28, and has remained so for four years; sometimes down to 25, and then going up to 34 and 36; never higher.

Dr. Ray raised the question, Is quinine an oxytoxic, or is it akin at all to ergot in its effects? Drs. Ray, Cleaver, McChord, Crawford, and Williams thought if it had any effect in that way whatever it did it by its tonic power, and this effect was best obtained by the use of small doses given at short intervals.

Dr. Cleaver, in behalf of the Society, offered the following resolution:

Resolved, That the secretary be instructed to address each member of the Society and urge a regular and larger attendance, that we may make the Society more interesting and successful. Carried.

Committees to report at the July meeting, 1883:

Dr. H. D. Rodman—Best Means of Preventing Abortion.

Dr. J. H. Lampton—Typho-malarial Fever.

Dr. W. W. Cleaver—Fractures of the Skull.

Dr. B. F. Hill—To select his subject.

Dr. Ed. Kelly—After-treatment of Amputations.

Thanks of the Society were tendered Drs. Ray and Lampton for the superb dinner given the Society, and also thanks to Mr. Cranch, the proprietor, for his many acts of kindness.

Adjourned to meet in Lebanon on the third Tuesday in July—Drs. McChord, W. W. Cleaver, Jim Cleaver, M. K. Palmer, R. T. Hodgen, and W. E. Mattingly, Committee of Arrangements.

The editors of the Medical News and their friends cordially invited.

T. D. Williams, *Sec'y.*

Is Syphilis Communicable to the Lower Animals?—Professor Neumann has lately published (*Wiener Med. Wochenschrift*) the results of certain experiments performed by himself on various animals, with the object of determining the above question. In these, as in all other experiments, the result was negative; that is to say, although local reaction—*e.g.*, abscess—sometimes occurred at the site of inoculation, nothing resembling a hard or a soft sore was ever produced. Thus Neumann is of opinion that syphilis is a disease belonging exclusively to human beings.

Correspondence.

THE QUESTION OF THE SPECIFIC CONTAGION OF PHTHISIS.

[FROM OUR LONDON CORRESPONDENT.]

In July last, Mr. Cheyne undertook to endeavor to investigate the meaning of the differences between Toussaint and Koch, and he took up again the question of specificity or non-specificity. In the first place he repeated the experiments of Burdon Sanderson and Wilson Fox, and in twenty-three instances inoculated animals, Guinea-pigs, rabbits, with various substances, such as vaccine lymph, cork, and introduced setons to set up purulent inflammation. In all these cases, however, he employed the necessary precautions in different organisms, which Mr. Lister has brought to so much perfection in his antiseptic methods, of which Mr. Watson Cheyne has become an adept. The result was that in no one of the experiments was any effect whatever produced, and he satisfied himself that the non-specific theory of tubercle might be dismissed as completely and thoroughly disproved. It remained to determine, however, whether tubercle was caused by a micro-organism; and if so, which. He visited M. Toussaint at Toulouse, and he obtained from him specimens of tuberculous organs in which he had by his injection of micrococci induced tuberculosis, and also tubes of the micrococci which he had cultivated, and which he alleged to be his specific virus. On experimental investigation of these, Mr. Cheyne satisfied himself that these micrococci were, as Toussaint said, a pure growth, and that there was no fault in the method of cultivation, nor was there any impurity of organism. On examining also the specimens of induced tuberculosis, Mr. Watson Cheyne found that these also were really specimens of tubercle, having all the pathological characters of true tubercle. He then proceeded to cultivate a micrococcus, as given to him by Toussaint, and injected the micrococci. He then found that if he used due precautions to prevent the introductions of accidental impurities, such as Koch used, he never got tuberculosis as the result of the inoculation; in fact, his results were that Toussaint had cultivated the micrococcus, and had produced tubercle by injecting it, but that the micrococcus which he injected had nothing to do with the tubercle which he produced. Toussaint had been using an ordinary subcutaneous syringe with leather washers and leather pistons. Such washers and pistons can not be properly purified, and the feeble carbolic washers which Toussaint employed with that idea are, as is well known, quite ineffectual for the destruction of bacilli. Koch, on the other hand, uses, and Cheyne used, glass-barreled syringes with metal tops, all capable of being purified by the application of great heat; and for each experiment he used separate washers and packing of cotton padding, every thing being properly disinfected before the syringe was employed. It was thus that he could entirely negative the results with Toussaint's micrococci; and in fact, on examining the organs which Toussaint gave him as containing specimens of tuberculosis induced by the injection of micrococci, he found no micrococci, but always found plenty of bacilli. The unfavorable conclusion is that Toussaint had introduced the bacilli accidentally. And here it is to be noticed that Toussaint, in his own account of his experiments, found that he frequently failed with his micrococcus injection, and that when he succeeded the tuberculosis evolved slowly, more so than when he introduced portions of bovine tuberculous matter. This is in itself an evident fallacy, inasmuch as if the micrococcus had been a true virus it should produce its results more surely, more rapidly, and with more virulence than the mere introduction of a portion of animal matter containing but a few germs of the virus. To this test Koch's and Cheyne's results always respond accurately. The explanation of Toussaint's error appears to be that the air of his laboratory, in which numerous experiments on tuberculous matter had been carried on, was in fact infected with bacilli spores, and that these, impregnating his instruments and falling into his solutions, have vitiated his experiments. Tyndall and Pasteur, it will be remembered, have both found from time to time the air of their laboratories so infected with germs as to make it essential to change the locality of their experiments, which fact Toussaint and Cohnheim have not taken into account. The carbolic solutions which Toussaint had employed with the vain idea of cleansing his dirty washers and instruments have been proved by experiment to be perfectly valueless for the purpose. Toussaint, therefore, is the victim of imperfect manipulation, and is not on that account to be blamed, although no doubt his errors are a source of regret to himself as they are instructive to others.

Mr. Cheyne then proceeded to visit

Koch in his laboratory, and was by him furnished with a variety of pathological material, experimentally produced tuberculosis in a variety of organs, and also with a series of growths with the bacillus tuberculosis. He found that with Koch's bacilli, cultivating them in successive generations of serum quite purely, he invariably produced tubercle, and, what is a point of crucial importance, that he always produces with this bacillus tubercle more rapidly than by introducing tubercle itself. Mr. Cheyne finds that if you take a scrofulous gland in which it may be noted there are very few bacilli, that you may indeed produce tuberculosis by inoculation with a tolerably large piece of it; but you will often fail, and when you produce it it has but slow growth. If a piece of bovine tuberculous matter be used in which such bacilli are much more abundant than they are in a scrofulous gland, the tuberculous inoculation is more virulent and rapid in growth; and so, also, by the use of sputum in which the bacilli are free, a very rapid development is obtained; but by far the most rapid inoculation results from the use of the pure cultivated bacilli. And, speaking generally, the experiments show that the rapidity and virulence of the inoculation is in direct ratio to the number and freedom of the bacilli. What, then, is the gain to our knowledge of the pathology of tuberculosis from this investigation? We know now that the interpretation of the fact, that the introduction of tuberculous material from man or rodents into the animal tissues experimentally is followed by the development of acute tuberculosis, and that the efficient cause of this tuberculosis is the bacillus of Koch. What relation, however, can we consider this fact to the theory of the normal development of phthisis and acute tuberculosis in man? If we accept the doctrine that acute tuberculosis is due to the infective action of the bacillus, what have we to say of phthisis in its various forms, chronic, acute, caseated pneumonia; and what of scrofula? First of all as to phthisis, if we ask ourselves what is a tubercle, the generally accepted answer would be possibly, that it is a reticular structure more or less allied to lymphatic tissue and containing giant cells. Perhaps a more accurate description of the true tubercle would be, a reticular tissue more or less infiltrated with leucocytes and developed in nodules, the center of which is occupied by epitheloid cells surrounded by a reticular structure; this, at least, is what Mr. Cheyne invariably finds in all preparations of new tubercle when carefully examined by the best methods of illumination; and it is vital to the comprehension of the pathology of tubercle from the new point of view to note that, whereas the bacillus is never found in the nodules of purely reticular tissue, it is always found in the nodules containing epitheloid cells in addition to reticular tissue. These epitheloid cells occupy the center of the nodule. In other words, where you find bacilli you always find them in epitheloid cells, and you find them only, in the first instance, in these epitheloid cells; and in the center of the mass around these cells you will find a granular tissue or reticular tissue such as is found in most acute inflammations. This is the pathological condition which Mr. Cheyne finds to be invariably associated with the bacillus and with the growth of tubercular nodules, and it is the same whether they be examined in the lung, in the liver, or in the kidney. You also find giant cells, and these contain bacilli; you also find bacilli in epitheloid cells which have broken down, and these have become caseous in the center of the nodules. As to the origin of these epitheloid cells in the lung, they appear to be generally highly developed alveolar epithelium, the proliferation of which is due to the irritation of the bacillus. These epitheloid cells appear also to be formed of epithelium or lymph and blood-vessels, and to be capable of being developed either from epithelium or endothelium. Applying these experimental and pathological facts to the ordinary symptoms of phthisis, it would appear that the bacilli, being inhaled, are sometimes expelled; sometimes they pass into the alveolar or into the bronchial glands and set up irritation, and excite either local inflammation with caseous degeneration or acute tuberculosis; more generally the constitutional conditions of the individual, or the state of what may be known as the soil on which they fall in the individual, may become phthisical under their influence. A good soil for their development, due either to inherited or induced conditions, and sometimes local inflammatory conditions of the lung, may have prepared specially fertile soil for their growth. Growing thus in the alveolar epithelium, the epitheloid cells multiply, the alveoli become full and choked, and an inflammatory area of reticular tissue develops around them, the inflammation spreads, and portions of the contents of the alveoli are coughed up containing bacilli, while the inflammation spreads to the surrounding tissue, and so the whole portion of the lung becomes infected.

Around the wall of the cavity is a fibroid growth, but the bacilli are found not in this, but in the cheesy material and the epitheloid cells in the middle of the growth, and the errors which have been made by many who have failed to find the bacilli on examination are due to their having examined the surrounding inflammatory material and not the epitheloid cells. If the process goes on rapidly, you have rapid breaking down of the tissue and galloping consumption; if it goes on slowly, you may get the condition known as fibroid-phthisis. In the very early stages bacilli are found in the sputum. It is, however, a matter of accident at this stage whether you find them, as this depends upon the extent to which the alveoli have broken down and their contents are expectorated. As to the particular method of local infection, it is not difficult to surmise the varieties which will clinically occur; and some light is thrown on this by the experiments of Tappeiner, who sprayed tubercle sputum into a box in which some dogs were confined. Seven of these dogs suffered only from local tuberculosis and caseous pneumonia; it was only in one dog that he got acute tuberculosis. The tubercle of bacillus is found in phthisical persons in the milk and also in the urine; this may be by penetration into the vessels, or specially by being washed onward with the blood, where the tuberculous growth has commenced in the course of a vessel and projects into the lumen. In this way the kidney tubules may be found full of bacilli. In this connection it is interesting to remember the observations of Weigert and Ponfick on the development of acute generalized tuberculosis, which they have found in so many instances experimentally to coincide with the growth of a tubercle projecting into the lumen of a vessel, so that the tuberculous matter is washed onward in the current of the blood and conveyed to distant parts.

In support of these statements, and in explanation of these views, Mr. Watson Cheyne lately gave a brilliant demonstration at one of the metropolitan branches of the British Medical Association. This demonstration was illustrated by the exhibition of a very considerable series of preparations, including specimens of tubercle of the lung in all its stages of growth, tubercle of the kidney and of the meninges, and of various internal organs and closed cavities. Nothing could be more brilliantly conclusive than this display, in which every preparation showed as minutely and as exactly the effects described by the author as could any schematic series of diagrams. Like all first-rate pathological workers, the preparations which Mr. Watson Cheyne makes are clear and unmistakable in the evidence which they afford; and, shown by him with the brilliant illumination by Abbé's condenser and under ordinary powers, leave no room for doubt in the minds of the most skeptical of the accuracy of Mr. Watson Cheyne's descriptions. He will shortly issue a report in which the principal preparations will be drawn, and this report, which will be presented to the Association for the Promotion of Science, will no doubt shortly be circulated in America as well as in England. I think that it will be read with very great interest by all who are concerned with the pathology of tubercle, and it will, I believe, be felt that it is long since a more exact and brilliant research has been carried out than this by Mr. Watson Cheyne, as not only verifying the observations of Koch as to the etiological relations of his observations, but demonstrating sources of fallacy in the work of previous experimenters, and affording us a luminous view of the position which the bacillus of tubercle is likely henceforth to occupy in relation to the pathology of phthisis and scrofula. Of course I have been able here to give only a brief and imperfect outline of his work, and of the conclusions which may reasonably be deduced from it, but I hope that what I have said is clear and may be thought to be not unworthy of consideration by those who feel the intense interest which attaches to the solution of one of the greatest problems of modern pathology by the application of our newest methods of research and last and most exact means of investigation. For myself, I entertain no doubt of the high value of this research, and feel some pride that it has been carried on by an Englishman so reliable, so simple, so modest, and so truth-loving as this young but able disciple of Lister. He is inspired himself with some of the best and greatest qualities of his master, and has achieved a work which, when completed, will range high in the history of pathological research.

THE North Carolina State Medical Society will meet at Tarborough, on May 15th. The board of medical examiners for the State of North Carolina will convene at the same place on the 14th inst. An interesting session is predicted.

Selections.

THE QUESTION OF TREPHINING IN INJURIES OF THE HEAD.—By Henry B. Sands, M. D.

It is hardly necessary to remark that a fracture of the skull derives its chief importance from the concomitant or subsequent injury which is sustained by the intracranial contents; and just as no prudent surgeon would dream of converting a simple fracture of the leg into a compound one for the sake of obtaining an accurate adjustment of the fragments, so the plea for preventive trephining in cases of simple depressed or comminuted fracture of the cranium, without head-symptoms, is based upon the supposition that, by operating, the danger of subsequent cerebral mischief will be averted. I can not admit the force of this argument, which seems to me to undervalue, on the one hand, the resources of nature, and, on the other hand, the risks inseparable from surgical interference. Every surgeon present has doubtless met with examples of simple depressed fracture, in which no alarming head-symptoms were present, and in which permanent recovery took place without any active treatment. Surgical literature abounds in such cases. Textor cites twelve instances of depressed fracture, verified by post-mortem examination, in seven of which the depression was complete, involving both tables, and in all of which recovery had taken place without any impairment of the cerebral functions. Similar observations have been recorded by Erichsen, Nunn, Bruns, and by many other trustworthy writers.

In cases of simple comminuted fracture, without marked depression, but with considerable displacement of the fragments, early trephining is sometimes advocated on the ground that unless the loose pieces of bone are removed by operation they will probably become necrosed, and thereby set up fatal intra-cranial inflammation. But neither of these statements is confirmed by experience. We can rarely feel certain that the comminuted portions of bone, even though freely movable, are completely detached from their vital connections; for they may still be adherent to the pericranium. But, admitting their isolation to be complete, it is conceivable that their vitality might yet be preserved by newly formed attachments to the surrounding parts. In support of this view, I may cite a case lately published by Professor MacEwen, of Glasgow, who, having applied the trephine in a compound depressed fracture of the skull, took a piece of the inner table which had been completly detached and laid it in the trephine-aperture. The transplanted bone caused no irritation, and the wound healed without any signs of inflammation. Nevertheless, it can not be denied that necrosis may occur under the circumstances above mentioned, although it is comparatively rare when the fracture is simple. It must be also granted that, when occurring, the suppurative action excited by the presence of the dead bone may extend to the membranes of the brain, causing fatal complications. But there are so many recorded examples of necrosis following gunshot injuries of the head, in which very large pieces of necrosed bone have been removed without the occurrence of cerebral symptoms, that preventtive trephining can hardly be defended unless it can be shown to be an operation free from serious risk.

The performance of the operation in cases of simple depressed fracture, without head-symptoms, with the object of removing sharp fragments of the inner table which it is assumed may have irritated or penetrated the membranes of the brain, or perhaps the brain itself, seems to me also quite unnecessary. It is true that in severe cases of simple fracture the internal table is often very extensively injured; and Bergmann has aptly remarked that a mere inspection of museum specimens might lead one to infer that simple fractures were graver injuries than those which are compound. But clinical experience proves that these extensive osseous lesions are often recovered from without surgical interference.

On the whole, then, it would appear that the apprehension felt by those who advocate preventive trephining in the circumstances mentioned is scarcely justified by observation. And if this fact is admitted, the propriety of performing the operation of trephining must be considered as, at least, very doubtful. If our means of diagnosis were more exact, and if we were able to predict what cases would turn out badly if left to nature, active interference would often be an obvious duty; but in the absence of such knowledge it seems unjustifiable to subject the patient to an operation which must convert a simple into a compound fracture, with its attendant danger of suppuration in close proximity to vital parts. Although a firm believer in the excellence of antiseptic

surgery, I regard the unbroken skin as a surer protection to the deeper parts than the best surgical dressing that has yet been invented; and when we remember that occasionally, even in careful hands, accidents occur in performing the operation, such as wounding the dura-mater, or perhaps the brain, or one of the larger sinuses, we have still further reason to follow the conservative method of treatment which is sanctioned by the teaching and experience of the great majority of living surgeons.

The course which should be pursued in cases of simple fracture of the cranial vault, accompanied by head-symptoms, is by no means easy to decide. The unknown quantity, vaguely expressed by the term "head-symptoms," often leaves us quite in the dark regarding the seat, nature, and extent of the traumatic lesions, so that we can not foretell whether the operation of trephining will prove beneficial, useless, or injurious. In endeavoring, however, to arrive at a definite conclusion on this point, there are certain well-known pathological and clinical facts which may sometimes guide us. Compression of the brain, resulting alone from a fragment of depressed bone, is rarely of long duration. Often, as has been remarked, considerable depression exists without any interference with the cerebral functions; and even when the depressed bones cause symptoms of compression, these frequently disappear gradually as the cerebro-spinal fluid becomes displaced or absorbed, and the circulation in the brain is restored to its normal condition. Hence, even when we trephine successfully in cases of depression, we can not always be sure that the favorable result is due to our intervention. This point is happily stated by Dieffenbach, who records his experience in the following words: "A boy fell from the first story down upon a stone pavement, and received a fracture of the right parietal bone, of which a piece three inches in circumference was depressed several lines in depth. He lay comatose. I trephined him; he recovered, and I believed that I had saved his life by the operation. A year later he fell from the same place, and struck again upon the stone pavement, this time breaking the left parietal bone, just as he had before broken the right one. He recovered without trephining; again I believed that I had saved his life; and I began to think that he had shown much endurance at the time when he survived the operation."

It has been clearly shown that in severe cases of simple depressed fracture, accompanied with marked and prolonged signs of compression of the brain, other lesions usually coexist, such as contusion or laceration of the brain, or hemorrhagic extravasation, which may take place between the dura and the skull, in the arachnoid cavity, in the substance of the brain, or on its surface, from the vessels of the pia-mater. If we except those rare instances in which the compression is due solely to an extravasation between the dura and the cranium, we shall have no reason to expect that benefit would result from the application of the trephine. So far as the brain-substance is concerned, the damage it has sustained is beyond the reach of mechanical aid; its integrity, if restored, will be slowly regained, as in cases of ordinary apoplexy, by absorption of the extravasated blood. And the same process goes on, in favorable cases, when blood is effused upon the surface of the brain. We have probably all seen examples of coma lasting for days or for weeks after head injuries, but which yet ended in recovery, due, as we may fairly presume, to the gradual disappearance, by absorption, of the extravasated blood. When we consider how large a quantity of blood is often poured out within the cranium in cases of fracture, we can not avoid the inference that the compression which it exerts is far greater than ever occurs from any depression of bone that we should think of treating by operation. In such cases trephining would be useless, either in consequence of the depth of the extravasation, or because, being widely diffused over the surface of the brain, the effused blood would not escape through the artificial opening made in the skull. Furthermore, the operation might, in some cases, prove injurious by provoking meningitis. In other words, the very facts which have been urged as affording an indication for the employment of the trephine in cases of simple fracture may, in my judgment, be used as an argument against the propriety of the operation. I refer to the gravity of the injury and the severity of the symptoms. Where the fracture is of great extent and accompanied with severe contusion or laceration of the brain, or with copious intra-cranial hemorrhage, it is extremely doubtful whether the trephine can ever be employed with advantage, while the operation must, by increasing the mechanical injury, and by favoring the occurrence of suppuration, add not a little to the already existing danger

which threatens the patient's life. Perhaps I do not fully appreciate the comparative safety which attends the performance of the operation according to modern antiseptic methods; but I believe that in this class of cases future experience will prove active interference to be of doubtful utility.

There are two conditions, however, either one of which, when present, renders imperative an immediate resort to the trephine. One of these is the case in which the fracture is of limited extent, and in which there is reason to think, from its situation or from the occurrence of monoplegia, monospasm, or hemiplegia, that a splinter from the inner table may have penetrated the motor tract of the cerebral cortex. But, as we have seen, the fractures which are attended with such displacement of fragments of the inner table are usually of small extent, and are almost invariably compound. The other case is the one in which compression of the brain is caused by an accumulation of blood between the dura-mater and the cranium. Such an accumulation may result from a wound of the larger venous sinuses, but in a large majority of instances it depends on a wound or a laceration of the middle meningeal artery. The accident is most frequently accompanied by a compound fracture; but it may be met with in cases of simple fracture, and occasionally when no fracture is present. When there exists a compound fracture, the blood usually escapes through the external wound, thus rendering the diagnosis easy; but when the fracture is simple, or when the artery alone is injured, the extravasated blood separates the dura mater from the cranium, and may be poured out in sufficient quantity to cause fatal compression of the brain. The amount of blood thus extravasated may be as much as half a pint. When the brain has not sustained severe injury, and the symptoms of concussion are but slight, the signs of the arterial lesion may be quite characteristic. After a blow has been received, usually in the temporo-parietal region, the patient, although perhaps slightly stunned, soon regains consciousness and exhibits no marked signs of cerebral injury. But, after the lapse of a few minutes, or possibly several hours, symptoms of compression appear, and soon become very marked, the patient often dying within twenty-four hours from the time of the accident. Hemiplegia sometimes occurs before insensibility is complete; and its detection is important, for the reason that a blow upon one side of the head has been known to cause a rupture of the artery on the opposite side. The accident affords a clear and positive indication for the application of the trephine, yet there are but few recorded cases of the operation. Adding one recent case to the list compiled by Bergmann, there are one hundred well-authenticated examples of hemorrhage from the middle meningeal artery. Of these, seventeen ended in recovery; and in twelve out of this number the blood escaped through an external wound. Of the remaining five, one recovered without operation, the diagnosis being confirmed by autopsy when the patient died three years later of pneumonia. The other four recovered after operation, the blood being evacuated through the trephine opening. In one of these cases, that of Hueter, the bleeding artery was secured by a ligature.

While believing that trephining is to be recommended in all cases of compound fracture in which the depression is marked but of no great superficial extent, and in all cases of punctured fracture where there is reason to suspect that the internal table is extensively splintered or depressed, I am strongly opposed to active interference when the fracture is of great extent and when the depression is not limited or abrupt. It is true that these cases are usually fatal, but I am sure that nothing can be gained by the extensive operative procedure that would be involved in any attempt to remedy the displacement. Aside from those cases in which the brain has suffered irreparable damage, I think that in future many successes will be obtained by careful antiseptic treatment of the wound, such as is recommended by Lister in the management of compound fracture of the bones of the extremities.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from April 21, 1883, to April 28, 1883.

Cleary, Peter J. A., Major and Surgeon: so much of Par. 10, S.O. 273, Nov. 23, 1882, from this office as directs him (then Captain and assistant Surgeon) to report in person to the commanding general, Department of Dakota, is revoked, and, upon the expiration of his present sick leave of absence, to report in person for assignment to duty in the Department of the Missouri. (S.O. 95, A.G.O. April 25, 1883.)

Hopkins, Wm. E., First Lieutenant and assistant Surgeon, now on leave of absence in N.Y. City, to be relieved from duty in the Department of the East and assigned to duty in the Department of Arizona. (Par. 7, S.O. 95, A.G.O. April 25, 1883.)

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, MAY 12, 1883.

Original.

FILARIA SANGUINIS HOMINIS.*

A Clinical Lecture.

BY FRANCIS DELAFIELD, M.D.

Gentlemen: By the kindness of Dr. Wheelock I am permitted to bring before you today a man afflicted with that peculiar and rare disease, so seldom seen in this country, and known as chyluria. He passes chylous urine, as it is called. The characteristic symptoms in all these cases are apparently due to the presence of a parasite in the blood called the filaria sanguinis. I have here a test-tube containing some of the urine of this man which he has just passed, and I will let it go around to you so that you may examine it and see the characteristic appearance of it. It looks very much like so much milk in the tube. The man has also some of the other symptoms belonging to the lesion, and so we will get at a little of his history. He is a colored man from the West Indies, and about twenty years of age. He says he has had several attacks like the present one, and the first came on four years ago. He was cured for a time, and then the trouble came on again. His present attack began last January, but before that he had an abscess on his arm. His scrotum is also somewhat swollen. Besides the chyluria, therefore, the man gives us two of the other symptoms produced by the presence of these parasites in the blood and lymphatics, namely, abscesses in the connective tissues, in the arm in his case, and an enlargement of the scrotum. These three things, chyluria, enlargement of the scrotum or hypertrophy of the skin of the scrotum, and abscesses, are all lesions due to the same cause, and that is, the presence of the parasite called the filaria sanguinis hominis in the blood. This man's blood has been examined with the microscope and has been found to contain the filaria, and it is found at the same time that the parasite is usually found, that is, only at night. If you examine the blood of these patients during the day you will find nothing unusual, but at night these parasites seem to be present in the blood in very great numbers.

I have here, and will pass around among you, some photographs of the filaria taken from the blood of another patient, and they will give you some idea of the size and appearance of the worm as compared with the size of the blood corpuscles around them.

We do not really know as precisely as we should like to the exact way in which these parasites in the blood are able to produce the symptoms they do. It is evident that the filaria exists and moves freely about in the blood and in the lymphatic vessels, and passes easily from one to the other, and it is also a parasite which multiplies itself by the production of eggs. The ova are produced in the blood or lymphatics, and they may either perish there or else live and develop into other parasites. We know that after a certain length of time these patients get rid of them altogether, and all of them seem to be destroyed so none can be found. We do not know how rapidly they may be produced, nor how soon they die.

The principal symptoms of chyluria, abscesses, and hypertrophy of the connective tissue of the scrotum or other parts of the body, or elephantiasis, as it is called, seem to be all produced in the same way, and that is, by obstruction of the lymphatics. We do not, however, know just how these lymphatics become obstructed. It has been supposed by Dr. Manson, an English physician who has given much study to this matter, that the obstruction of the lymphatics is due not to the presence of great num-

*Extracted from the Medical Gazette.

bers of the parasites but to masses of the ova which have been produced there and have not yet hatched out, but have collected together in such numbers as to obstruct the lymphatics. But if this is really the case, yet it is not easy to tell why such an obstruction should produce chyluria or hypertrophy of the connective tissues. It seems that this new hypertrophied tissue contains a large number of newly formed lymphatic vessels.

The production of abscesses, however, seems to be due largely to the death of great numbers of the parasites in the lymphatics and blood-vessels, which therefore become plugged up with their bodies, and an inflammatory process is set up around the point of obstruction, and this leads to the formation of the abscess. But the explanation of the other results of the presence of the filaria we can not understand so well.

There is not much to do in the way of treatment for these patients, for when they get well they do so very much of themselves. This man has already recovered from previous attacks, and the present one has not been of long continuance, and he will probably soon get well; and if he remains here in this country and does not return to the West Indies, where he contracted this disease, he will probably not be troubled with it again.

Miscellany.

The American Medical Association will meet in Cleveland, Ohio, on Tuesday, Wednesday, Thursday, and Friday, June 5, 6, 7, and 8, 1883. Dr. X. C. Scott, of Cleveland, is chairman of the Committee of Arrangements. Delegates from Kentucky, Tennessee, Alabama, Georgia, Arkansas, Louisiana, Florida, and other portions of the South will be interested to learn that arrangements have been perfected with the Louisville and Nashville system of railroads to furnish delegates tickets at reduced rates. From Louisville, Nashville, Memphis, Montgomery, Little Rock, Mobile, New Orleans, and all southern points, tickets will be furnished at a rate of one fare going, and return at the rate of one cent per mile. The L. & N. R. R. Company has very cordially made this reduction, which is the arrangement the committee requested. As is well known, all the equipments of this splendid system of roads are first-class, and physicians going to Cleveland by this route will be carried with safety, promptness, and civility. Delegates from any branch of this road will secure the benefit of this arrangement by buying a ticket to Cleveland at customary rates, and on return the reduction will be made.

Recent Commencements. — The commencement exercises of the Bellevue Hospital Medical College, of New York, were held on March 14th. The graduating class numbered one hundred and sixty-seven. Prof. S. D. Gross, of Philadelphia, delivered a valedictory address to the class.

The University of the City of New York graduated a class of one hundred and sixty-four students.

The College of Physicians and Surgeons, of New York, holds the annual commencement in May, the term having been extended to seven months.

The Jefferson Medical College, of Philadelphia, graduated two hundred and twenty-seven candidates.

The Medical Department of the University of Pennsylvania conferred the degree of M.D. on ninety candidates. This is the largest graduating class at this institution since the adoption of the three years' graded course. The annual winter term of both the University and the Jefferson School includes six months.

The Woman's Medical College of Pennsylvania graduated thirty-five young women with the degree of M.D.

The Medical Department of the University of Maryland graduated ninety-seven students.

The Medical Department of the University of Louisville conferred the degree of M.D. upon a class of sixty-eight students.

The Medical Department of the University of Louisiana graduated a class of seventy-four.

The Memphis Hospital Medical College graduated thirty-two candidates.

The College of Physicians and Surgeons, of Chicago, graduated fifty-two students at its first commencement. Low fees and low requirements are mentioned as the attractions.

The Detroit Medical College held its commencement on February 28th. There were thirteen graduates.

The Michigan College of Medicine closed its annual session on March 5th, with twenty-eight graduates.

The annual commencement of the Rush Medical College, Chicago, occurred on February 20th, and one hundred and seventy-nine candidates were graduated.

The Woman's Medical College, of Chicago, graduated eight women.

On March 8th one hundred and two graduates received the degree from the Medical College of Ohio at Cincinnati.

The St. Louis Medical College graduated forty students.

The Medical Department of Columbian University, at Washington, graduated ten.

Harvard University, the University of Virginia, and the University of Michigan include ten months in the annual sessions of their medical departments, and the commencements are held in June of each year.

INCREASING LONGEVITY IN ENGLAND.—By Dr. Farr's English Life-table, the mean duration of life, or mean after lifetime of males at birth, was 39.9 years, whereas, by the new table, it becomes 41.9, representing an increase of two years, or an addition of five per cent to the mean duration of the lifetime of males. The recent addition to the lifetime of females appears to be still more marked. According to Dr. Farr's life-table, the mean duration of life of females was 41.9 years, whereas the new table makes it 45.3 years, representing the addition of nearly three years and a half, or more than eight per cent to the average lifetime of all females born. The seventeen years between 1838-54 supplied the basis of Dr. Farr's English Life-table.

So far, the paper proves that the reduced death-rates signify an important addition to the lifetime both of males and females. In order, however, to be able to answer such inquiries as, "Are we young longer, or mature longer, or old longer"? it was necessary to determine at what periods of life the additional years of male and female existence are lived. For this purpose, the forty years from twenty to sixty are classed as the useful period of human life, whereas the years lived before twenty and beyond sixty years are termed the dependent period. According to the new life-table, 1,000 males will live 2,009 more years than they would by Dr. Farr's table, and the paper shows that 1,407 or seventy per cent of those years are lived between the ages of twenty and sixty years; twenty-two per cent are lived under twenty years, and eight per cent over sixty years. The increased number of years lived by 1,000 females is 3,405, sixty-five per cent of which are lived at the usual ages between twenty and sixty, eighteen per cent under twenty years, and sixteen per cent above sixty years. Thus sixty-six per cent of the increased duration of human life in England is lived at the usual and productive period, and not more than thirty-four per cent at the dependent ages either of childhood or old age. These facts appear to supply a complete refutation of the assertion, with reference to the reduced death-rate, that "the improvement effected by science" consists in a prolongation of the passive endurance of life rather than an extension of the power of true vitality, or any increase of the opportunity for good work and for intellectual enjoyment.—*The British Med. Journal.*

THE CHOICE OF BOOTS AND SHOES.—Although much has been said and written in recent years about the physiology of the foot and its coverings, we are afraid comparatively few people are yet to be found among us who choose their boots and shoes upon intelligent or even intelligible principles. Although most persons wear their boots both too small and of wrong shape, faults of size are now probably more common than faults of shape. It is not generally recognized that the foot expands in the action of walking, both in length and in breadth. An adult foot in walking often expands as much as a tenth of its length, or about an inch. In breadth it expands proportionately more; often as much as an eighth, or about half an inch. In choosing boots and shoes, this double expansion ought to be allowed for. It is because this physiological enlargement of the feet in walking is so frequently overlooked that boots and shoes so often become dangerous contrivances for deforming the shape and crippling the motions of the feet. A shoemaker generally measures his customer's foot when the person is sitting, and when the measured foot is raised from the ground; and it will be found that, as rule, he allows only a twenty-fourth part of the length of the foot for expansive increase in that direction during walking, while he generally does not allow any thing for expansion in breadth, being content to take the exact circumference of the foot at one or more points, while the extremity is in unexpanded condition.

THE number of students in the medical faculty of the University of Vienna during the session recently ended was 1,750.

CONDENSED MILK AS FOOD.—The "commission" arrive at the following conclusions: (1) Condensed milk containing sugar, diluted with twice or four times its weight of water, may be considered as an article of food, and in some cases would prove useful. (2) Artificial milk thus prepared is incontestably inferior to good cow's milk. It is a healthy article of food, but only slightly nutritive. (3) The directions given in the prospectus are calculated to mislead the public. Condensed milk, diluted with from six to ten times its weight of water, can not be classed as an article of food. (4) Newly born infants, which have been suckled for three or four months, may be weaned and fed with good cows, goats, or asses' milk, not mixed with water, and given in sufficient quantity. Condensed milk containing sugar, diluted with from two to three times its weight of water, may form part of the daily nourishment of such children; but it would be certainly imprudent to use it alone.—*Report to the French Society of Hygiene.*

SLIGHTLY ARCTIC.—Verchojansk, in Siberia, would appear to be the spot of all others on earth where the cold is most intensely felt. On December 30th we are informed that the thermometer reached the lowest point ever observed, *i. e.*, 63° below zero. In this favored region a triple covering of reindeer skins is scarcely sufficient to preserve the blood from freezing. Each movement of the respiratory organs is painful, almost insupportably so to the throat and lungs. The breath exhaled congeals at once into minute nodules of ice, which, in rubbing against one another, produce a slight noise like the rustling of silk. It is said that a crow flying through the ice-cold air leaves behind it a long train of vaporous matter.—*The London Medical Press.*

[Unless these Siberian crows have a very profuse and protracted diarrhea we can not account for this phenomenon, except on the hypothesis, which is very certainly correct, that the whole story is a frigid Munchausenism.]

CLIMATIC INFLUENCES ON MORTALITY.—The sudden rise in the rates of mortality due to climatic influences was very marked a few days ago, during the prevalence of strong east winds. (The Medical Press.) In every large town their influence is demonstrated by an increased death-rate, and whereas many districts boast at this season of the year a mortality ranging from 12 to 20 per 1,000 of their population, the minimum for the week ending March and beginning of April was 20, and the maximum 43 per 1,000. In London the excess over average was 262; and in Glasgow, Dublin, Manchester, Halifax, and Birmingham even a more marked excess was reached. Elderly people, infants, and persons with chest troubles were the principal victims who succumbed; and it may be noted that there was almost an immunity from diseases of the zymotic class.

THE HART TESTIMONIAL.—It will be in the recollection of our readers, that a fund was set on foot last year for the purpose of presenting Mr. Ernest Hart, M.R.C.S., editor of the British Medical Journal, with a testimonial for his services in that and other capacities to the profession. (The Medical Press.) This testimonial has taken the form of a portrait of himself, painted by Mr. Frank Holl, R.A., whom the committee commissioned with the work, and who has been completely and singularly successful. Yesterday (Tuesday) afternoon the presentation of the portrait to Mrs. Hart took place, at the residence of His Grace the Duke of Westminster, by Mr. Spencer Wells, F.R.C.S., president of the Royal College of Surgeons of England, treasurer to the fund, on behalf of the subscribers, a large number of whom were present on the occasion.

BERLIN POLICLINICAL INSTITUTION.—As a great many medical persons will visit the Hygienical Exhibition of Berlin, we desire to direct attention to the Berlin Policlinical Institution, where clinical lectures on Otology, Rhinoscopy, Dermatology, Syphilology, Laryngoscopy, Neuropathology, Electrotherapy, Ophthalmology, etc., are held regularly. Each course commences the first of the month, and continues thirty days. The Berlin Policlinical Institution is situated at 51 Louisenstrasse, opposite to the Hospital Charity.

STRONG DRINK.—Dr. Richardson's great contention is that while it is creditable to be able to take alcohol in the strictest moderation, it is better for the healthy man to do without it altogether. He advocates that, under a total-abstinence system, a race of boys and girls will grow up who will regard it as an evil, will never taste it or desire to taste it; who will in fact avoid it as we all avoid opium, looking upon it as a poison to be used under medical advice only.

AN APPEAL FOR THE VENTILATION OF CHURCHES.—This capital good advice and jolly doggerel is from the Christian Weekly. It is rare that we read any thing so good in our religious contemporaries.

"O Sexton!
You shet five hundred men, women, and children,
Speshily the latter, up in a tite place,
Sum has bad breths, none of 'em aint too sweet,
Sum is fevery, some is scroflus, sum has bad teeth,
And sum haint none, and sum aint over clean;
And evry one of em brethes in and out, and out and in,
Say fifty times a minnet, or one million and a half breths an hour;
Now how long will a cherch full of are last at that rate?
I ask you; say fifteen minnets, and then what's to be did?"

"I put it to your konshens,
Are is the same to us as milk to babies,
Or water is to fish, or pendulums to clox,
Or roots and airbs unto an Injun doctor,
Or little pills unto an omepath,
Or Boize to gurls. Are is for us to brethe.
What signifies who preaches ef I can't brethe?
What's Pol? What's Pollus to sinners who are ded?
Ded for want of breth?"

LADY DOCTORS WANTED IN CHINA.—Miss Howard, an American M. D., has for some time practiced her profession in China, where she was fortunate enough to be called to attend the mother of a highly important official, Li Hung Chang, and subsequently the wife also of the same distinguished personage. Her fame as a physician has, it is said, spread over all North China, and Miss Howard is now besieged with applications to attend the wives and female relations of wealthy natives, who are entirely averse to consulting a foreign male physician.

THE Tennessee State Medical Society met in Nashville on the 10th of April. The following officers were elected: President, Dr. A. B. Tadlock, of Knoxville; Vice-Presidents, Dr. A. Morrison, Nashville, and Dr. C. S. Wright, Chattanooga; Secretary, Dr. C. C. Fite; Treasurer, Dr. D. J. Roberts.

THE army boots now are made right and left. The inner line of the boot is made straight, so that the great toe is not pushed outward, and there is a bulging over the base of this toe to allow free play for its large articulation. The toes and the treads of the boots are very broad, so that the lateral expansion of the foot in these situations is not impeded. The heels are broad and low, so that the wearer's weight is not thrown upon his toes. A low heel gives free play to the muscles of the calf, and a broad heel gives substantial support to the posterior pier of the pedal arch.

SHOES.—Marshal Saxe said, "There is no article of a soldier's dress more important than his boots, and battles are won by legs." The Duke of Wellington, being asked what was the best requisite for a soldier, said, "A pair of good shoes!" What next, "A spare pair of good shoes!" What next? "A spare pair of soles!"

A NEW TREATMENT OF VENEREAL WARTS. Thirty grains salicylic acid dissolved in half an ounce of collodion is the latest remedy recommended for venereal warts. But since the advocate of this treatment, Dr. Liebmann, in the Boston Medical and Surgical Journal, admits that two months are required for cure, the treatment can not be considsidered any "great shakes," as our English friends would say.

LONDON HOSPITALS TOTTERING.—The British Medical Journal says, unless the rumors which we hear in various directions are wholly misleading, there seems reason to fear that we are on the eve of a financial panic among the general hospitals in London.

A SPANISH DOGBERRY.—A Spanish magistrate lately issued this proclamation, "All articles in the shape of wines, groceries, and provisions, which, upon examination and analysis, are proved to be injurious to health, will be confiscated forthwith and distributed to the different charitable institutions."

THE French law decrees that the legitimacy of a child born three hundred days after the death or departure of the husband need not necessarily be questioned.

THE smoke nuisance of London, it is stated, was noticed in 1257. Queen Eleanor, wife of Henry III, had to leave town on account of the smoke.

SEVENTEEN medical men have been chosen members of the Italian Parliament at the last general election.

FIVE successful cases of tracheotomy for croup are reported in The Lancet, March 31st, by James L. Little, M.D.

The Louisville Medical News.

Vol. XV. SATURDAY, MAY 12, 1883. No. 19.

LUNSFORD P. YANDELL, M.D., - - }
L. S. McMURTRY, A.M., M.D., - - - } Editors.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

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A DOCTOR'S TRIUMPH.

While Professor Donald Maclean, the well-known Professor of Surgery in the University of Michigan, at Ann Arbor, was absent from home last summer, a most scandalous publication relating to that gentleman appeared in the Detroit Evening News. The article was of a most libelous character, and charged Prof. Maclean with sustaining most improper relations with a lady patient whom he had treated a short time before. From the testimony, as published, the charges rest upon a most flimsy foundation, and the evidence relates only to conflicting and improbable circumstances. This evidence was elicited by a suit for libel, which Prof. Maclean promptly filed against the paper containing the publication. The suit resulted in a verdict for the plaintiff, the jury placing his damages in the sum of twenty thousand dollars.

Every physician is liable to be menaced at any time with the ordeal through which Prof. Maclean, of Ann Arbor, has just passed. Actuated by various motives, such as a desire to extort money by blackmail and an innate love for scandal, there are in every community those who are ready to attack the most precious possessions of a popular physician—his good name and pure professional character. It is painful to record that these attacks are often aided and instigated by those in whom envy and jealousy have instilled their virulent poison. It is a notorious fact, too, that the object of these attacks is usually to extract money in the form of a compromise. To yield to such demands is a fatal mistake.

The course pursued by Prof. Maclean is the only one consistent with the protection of one's honor and self-respect. Certain newspapers are altogether too ready to give a doctor a conspicuous place in the sensational column where scandal reigns supreme. We commend most heartily the manly course adopted by Prof. Maclean in all this trying affair. It is pleasant also to note the enthusiastic ovation accorded him by his fellow-citizens of Ann Arbor—an ovation in which the entire community participated—on his return home after the verdict was rendered. We can not at this moment recall any other instance in which a physician has been accorded a verdict in so large a sum as twenty thousand dollars. The vindication is complete, and the result will not be without its influences—influences which will be protective to physicians, and not without warning to would-be libelers.

THE CONTROVERSY IN NEW YORK.

The personal feeling engendered by the discussions on ethics in the medical societies of New York must be observed with regret by physicians in every portion of the United States. It certainly must be regretted now on the part of all conservative members of the profession in New York, that for the sake of harmony and the preservation of good feeling the temperate course advocated in the petition presented at the late meeting of the State Society was not adopted. This petition was signed by the most distinguished and able members of the profession in New York, and urged the importance of representation in

the American Medical Association, advising that such modification of the code as may be necessary should be made in that body, which originally enacted the existing code. This suggestion was treated with open disrespect by the advocates of the new code. When it was evident that the profession of the State was not sufficiently agreed upon the new departure, the discussion should have been permitted to rest until a more unanimous sentiment might prevail. The advocates of the new code, however, were persistent and uncompromising, and the course adopted has begotten the present condition of affairs.

The following bitter expressions were made publicly by Dr. Fordyce Barker concerning Dr. Austin Flint, jr.'s advocacy of a series of resolutions adopted by the Academy of Medicine: "It was a disgraceful, abominable trick, and only fit to be undertaken by a low ward politician." And again, "for the rest of my life I can only treat Dr. Flint with required civility." The resolutions referred to by Dr. Barker involved no radical measures, and have elicited the following expression:

> We, the undersigned, ex-presidents of the New York Academy of Medicine, desire to record our approval of the action taken by the Academy at the stated meeting of April 19, 1883, reaffirming the ethical clause of its by-laws and our indorsement of the course pursued, by request of the council of the central organization of the New York State Medical Association, as presented at this meeting by Austin Flint, jr. (Signed) Willard Parker, M. D., President N. Y. Acad. Med., 1856; James Anderson, M. D., President N. Y. Acad. Med., 1861 to 1867; Austin Flint, M. D., President N. Y. Acad. Med., 1873 to 1875; Samuel S. Purple, M. D., President N. Y. Acad. Med., 1875 to 1879.

There is one lesson which has been so often and so plainly demonstrated by the medical societies of this country that he who runs may read, and our New York brethren will learn it to their satisfaction in the end. It is that the more our societies confine their attention to their proper field—the joint cultivation of medical science and good fellowship—the better it will be for their prosperity as societies, the welfare of individuals, and the common good of the profession.

McDade's Remedy for Syphilis, which we published in the News, March 31st, and which Dr. Marion Sims strongly urged the profession to try, may be procured of Mr. J. A. Flexner, 248 Fifth Street. Mr. Flexner has taken every care to procure first-class drugs, and his skill and integrity insure the excellence of his preparation. The remedy is a compound fluid extract of Phytolacca Decandra, Stillingia Sylvatica, Smilax Sarsaparilla, Lappa Minor, and Xanthoxylum Carolinianum.

McDade's, or the Creek Indian remedy for syphilis, though so highly commended by Dr. Sims and the Alabama physicians, is, like most of the new remedies, likely to prove of little worth, for such marvelous good things as it is claimed to be are extremely rare. At the same time it deserves a trial, being indorsed as it is, and hence we again call attention to it.

Smallpox.—From the latest reports smallpox continues to prevail in Baltimore, New Orleans, and other cities. The disease has recently become quite prevalent in Florida, and at Jacksonville and several points on the St. John's River many cases are reported. On April 30th twenty cases of the disease were discovered in Mercer County, West Virginia. The greatest excitement was created, and the State Board of Health was appealed to for aid.

The attention of advertisers is called to the notice of the publishers which appears on the first page of this journal. The News is a faithful exponent of medical science, and an advertisement in its pages reaches a large class of the profession who are alive to the demands of the times and who wish to keep posted in all matters relating to new remedies and new appliances.

Bibliography.

The Untoward Effect of Drugs. A Pharmacological and Clinical Manual. By Dr. L. LEWIN, Docent of Materia Medica, Hygiene, and Public Health in the University of Berlin. Translated by J. J. MULHERON, M.D., of Detroit, Michigan. Second edition. Revised and enlarged. Detroit, Michigan: George S. Davis, Medical Publisher. 1883.

The fact that certain drugs in daily use occasionally exhibit anomalous and dangerous actions under certain circumstances long ago created a necessity for a treatise which would within one cover record certain facts heretofore scattered through various comprehensive works on materia medica. Indeed so little has been heretofore done in the way of grouping these dangerous influences of remedial agents, and the circumstances under which they are manifest, that the task is by no means an easy one. This is the field occupied by the treatise before us. The author recognizes that the science of materia medica and therapeutics occupies a middle ground between physiological experimentation and clinical observation. From this standpoint, which is unquestionably the correct one, this treatise has been prepared. The reader, after a thorough examination of Dr. Lewin's work, will realize fully for the first time the importance and extent of the subjects discussed. It is essentially a work of the German school, and is thorough, able, and scientific. The translator has discharged his task faithfully, and has converted the text into exact, clear, and elegant English. This volume is uniform in typography and style of binding with some previous publications of this enterprising publisher, and deserves to be called a handsome publication. This translation has the indorsement of the author, and the proof-sheets had his personal attention, receiving many additions. Hence, the book as it now appears is a revised edition of the original. The work is one of great value, and occupies a place in medical literature altogether its own.

The American Psychological Journal. Edited by JOSEPH PARRISH, M.D., of Burlington, N. J., April, 1833. Vol. I, No. 1. Philadelphia: P. Blakiston, Son & Co. Subscription price, $2 per annum.

The above is the title of a handsome serial publication of over one hundred pages, which will be issued quarterly by the National Association for the Protection of the Insane and the Prevention of Insanity. This association, devoted to a most beneficent purpose, is growing in strength, and is accomplishing a great work in the interests of the insane and the science of psychiatry. This journal, while presenting to the scientific world the official proceedings and discussions of the association, will be devoted to the discussion of all topics relating to insanity and the insane. The very name of the publishers is a guarantee of excellence in all that appertains to the appearance and character of the publishers' work. The editor is well known to the profession by his studies in this branch of medical science, and the association, as well as the interests to which it is devoted, is fortunate in securing his valuable services. We wish for this, our latest exchange, the most abundant success.

Experimental Pharmacology. A Hand-book of Methods for Studying the Physiological Actions of Drugs. By L. HERMANN, Professor of Physiology in the University of Zurich. Translated, with additions, by ROBERT MEADE SMITH, Demonstrator of Physiology in the University of Pennsylvania, with thirty-two illustrations on wood. Pp. 201. Philadelphia: Henry C. Lea's Son & Co. 1883.

This hand-book will be most appreciated by those who are engaged in a special field of investigation—a class which, it is pleasant to know, is increasing in number in this country. The book before us will be valuable to students engaged in laboratory work upon the physiological action of drugs. Every detail of investigation by experiment is here faithfully described and elucidated by illustrations so as to enable the investigator to pursue his studies without the constant assistance of an instructor. The translator has added such copious additions and so many illustrations that he is entitled to share the major portion of the credit of authorship.

THE SYMPTOMS AND DIAGNOSIS OF MALARIA IN CHILDREN. By L. Emmet Holt, A. M., M.D., New York, attending physician to the Northwestern Dispensary in Department of Diseases of Children. Reprinted from the American Journal of Obstetrics and Diseases of Women and Children. New York: Wm. Wood & Co., publishers, 56 and 58 Lafayette Place. 1883.

Well worthy of careful perusal. It contains many valuable facts and suggestions.

PROCEEDINGS OF THE ASSOCIATION OF MEDICAL OFFICERS OF AMERICAN INSTITUTIONS FOR IDIOTIC AND FEEBLE-MINDED PERSONS. 1883.

Among a number of valuable papers contained in the above volume, one of the most interesting and practical is by Dr. J. Q. A. Stewart, the efficient superintendent of the Kentucky institution at Frankfort. It is devoted to the industrial interests of this class of unfortunates, as developed in the institution over which Dr. Stewart presides.

THE PATHOLOGY AND MORBID ANATOMY OF TUBERCLE. By N. Senn, M. D., of Milwaukee, Wis. Reprint from the Transactions of the State Medical Society of Wisconsin. 1883.

BOARD OF STATE COMMISSIONERS OF PUBLIC CHARITIES OF THE STATE OF ILLINOIS. Seventh Biennial Report. Presented to the Governor, November, 1882.

DAYTON ASYLUM FOR THE INSANE. Twenty-fourth Annual Report of the Board of Trustees and Officers to the Governor of the State of Ohio, for the year 1878.

THE OPIUM HABIT: its Successful Treatment by the Avena Sativa. By E. H. M. Sell, A. M., M. D., of New York. Read before the New York State Medical Society.

STATE LUNATIC ASYLUM AT UTICA, N. Y. Fortieth Annual Report of the Managers, for the year 1882. Transmitted to the legislature January 10, 1883.

SANITARY COUNCIL OF THE MISSISSIPPI VALLEY. Proceedings of the Fifth Annual Meeting, Jackson, Miss., April 3 and 4, 1883.

ILLINOIS STATE BOARD OF HEALTH. Report of Proceedings of the Quarterly Meeting, Chicago, April 12–14, 1883.

STATE ASYLUM FOR THE INSANE AT MORRISTOWN, N. J. Seventh Annual Report of the Managers and Officers, for 1882.

SASSAFRAS IN RHUS POISONING.—Dr. R. L. Hinton claims that sassafras tea is almost a specific for the rash produced by poison oak. This is an infusion of the bark of the red sassafras. The diseased parts are covered with compresses soaked in the cold infusion, while internally there is administered the infusion warmed, sugared, and with milk according to the taste.—*New York Medical Record.*

Medical Societies.

THE PATHOLOGICAL SOCIETY OF PHILADELPHIA.

METHODICAL EXAMINATION OF THE BRAIN. By Dr. Charles K. Mills.

The lecture was amply illustrated by diagrams and specimens prepared by Dr. Mills, and also by a series of preparations from the Mütter Museum of the College of Physicians of Philadelphia. Dr. Mills passed by with brief allusions the examination of the scalp, skull, and membranes of the brain, the cerebral space and vessels, and the best methods of determining volume, specific gravity, and cranial capacity. His chief object in the lecture was to discuss and demonstrate the proper procedures to be pursued in methodically examining the surface and interior of the brain, after the removal of its envelopes, for the purpose of discovering and accurately localizing lesions.

In order to make an autopsy of the brain proper in a rapid, methodical, and scientific manner, he considered several requirements necessary:

1. The superficial topography of the brain should be understood. The examiner should be able to pick out without hesitation the chief fissures and convolutions. He should also, of course, be perfectly familiar with the numerous superficial subdivisions of the base of the cerebellum.

2. The variations in the size, direction, or arrangement of cerebral fissures and convolutions most likely to occur should be known to him. Age, race, individual type, education, and other causes act to produce variations and anomalies. The student thoroughly familiar with the diagrams and demonstrations of Ecker might find himself at sea in his first examinations if this fact is not remembered.

3. A knowledge of the internal structure of the brain should be possessed by the operator. He should understand not only its ventricles and horns, its commissures and peduncles, its foramina and aqueducts, but also its medullated structure as exhibited by sections of the cerebral and cerebellar hemispheres made in various directions. Methodical cerebrotomy, practiced in the vertico-transverse, vertico-longitudinal, horizontal, and even in other directions, will give certain more or less fixed appearances, which should be familiar.

The surface of the brain should be examined thoroughly for morphological peculiar-

ities, such as deficiency or excess of fissures and gyri, confluence of fissures, simplicity or complexity of folds and furrows; and, of course, for pathological changes, for atrophy, softening, hemorrhages, change of color, etc. Dr. Mills described the fissures and convolutions as given by Ecker, and also called attention to some of the most common and striking variations from the usual type of the adult human brain, dwelling particularly on the fissures most likely to be confused—the pre-central, central, and retro-central, etc. The views and observations of Moriz Benedikt on the brains of criminals were referred to and criticised.

The examination of the fissures, convolutions, cranial nerves, and various regions of the surface of the cerebrum and cerebellum having been completed, the interior of the brain should next claim attention. The examination should be made in such a way as to cause as little disturbance as possible of the relations of parts by the incisions, and to allow, if desired, that the brain be brought together again after the autopsy and preserved as a whole. This could be done so as to submit every cavity, canal, part, and structure to comparatively minute exploration. Some cerebrotomists, as Bitot, without stopping to investigate particularly the various cavities and subdivisions, at once proceed to divide the brain into blocks by large incisions made at carefully selected points.

The advantages of each of the three forms of sections—vertical transverse, vertical antero-posterior, and horizontal—were pointed out. The vertical transverse sections are the most generally useful. What are known as the middle transverse, meso-lobar, or cortico-central zones, are most important to understand. These comprise all the cerebral mass situated between the anterior and posterior extremities of the corpus callosum. Bitot describes and figures seven of these zones. Sections and diagrams were exhibited by Dr. Mills, and the places and methods of making these sections were explained. The particular convolutions, and the region of the ganglia, centrum-ovale, capsules, etc., traversed by these sections were shown. The ganglio-insular region was particularly described. This region includes a large portion of the island of Reil, of the optic and striate ganglia, of the external and internal capsules, and of the external wall. The importance of having at command a fixed nomenclature for the various planes and regions was dwelt upon. Following the method of Bitot, the surfaces exposed by the sections were divided into a superior, inferior, and middle division, and these were studied. A diagram representing the relations of the middle portion of the brain to the cranium was shown and explained. Dr. Mills said that he preferred to open the brain so as to expose its ventricles, horns, and parts, and examine each as nearly as possible in its integrity. By his methods such structures as the corpus callosum, septum lucidum, tenia semicircularis, velum interpositum, choroid plexus, fornix, foramen of Monro, pineal gland and its peduncles, etc., could be each in turn investigated for lesions.

After the cavities and horns had been exposed by proper incisions, methodical cerebrotomy, as advised by Charcot, Pitre, or Bitot, could be practiced, the cuts being made from within outward, but not quite through the brain, so that the whole mass could be drawn together again after the cut surfaces had been examined.

Dr. Mills described three of the best methods of opening the brain: (1) At the base by taking as guides certain fissures and other anatomical landmarks; (2) from the upper surface, by incisions through each side of the corpus callosum, or along the lower borders of the calloso-marginal fissures; (3) by dividing the brain into two symmetrical halves by a careful median section. This should only be done after the parts in the median line had been previously explored.

Dr. Shakespeare said that he would like the lecturer to state why he prefers to open the brain from the base rather than from above. Dr. Shakespeare thought that by opening from above the floor of the lateral ventricles would be better exposed, which contain the large ganglia of the brain, and a better topographical view would be obtained.

The most usual cause for which the brain is examined is apoplexy. In these examinations it is necessary that very thin sections shall be made so that all parts can be carefully examined. Dr. Mills has already pointed out the desirability of making these section in such a manner that none shall be detached, so that when the examination is over all can be readily replaced, still leaving the brain practically in one piece. I believe that these two objects can better be obtained by making the examination from above, as taught by Prof. Orth (*Compendium der Pathologisch Anatomischen Diagnostik*), than by making it from below. The only part capable of holding the sections together is the cortex with its adherent vessels. Prof. Orth

advises making a longitudinal section toward the cortex on a level with the corpus callosum. This section is made deep enough to cut the cortical convolutions half through. This leaves enough tissue to keep the part attached. The anterior horn, the ventricles and posterior horn are laid open by a second incision. Transverse cuts as thin as desired are then made in the side pieces. These cuts go half way through the cortex. The large ganglia are then sliced transversely, beginning at the front and going backward. These are also made to go half way through the cortical substances of the base and so on. The examination being finished, the parts can all be folded together like the leaves of a book, not one piece having been detached. The only way I can see of making thin sections of every part of the brain by the other method is to divide it into two lateral halves, and then making your sections toward the cortex, for if the sections be made directly across the brain the parts in front of the corpus callosum and behind the pedunclea will be entirely detached.

Another objection is that seven sections are too few, and if it is desired to have more it will be a difficult task to hold the already cut sections in one hand and split them with the knife held in the other.

Dr. Bartholow preferred to open the brain from above for similar reasons to those assigned by Dr. Shakespeare. Dr. Eskridge expressed a preference for the older method. Dr. Mills then closed the debate by reiterating and amplifying the arguments contained in his paper.

C. B. NANCREDE, *Recorder.*

Correspondence.

SIMILIA SIMILIBUS CURANTUR.

Editors Louisville Medical News:

The following curious case, which recently came under my notice, goes so far to sustain the doctrine of *similia similibus curantur* that I am tempted to report it. E. J., aged seven years, received a blow on the head which was immediately followed by double strabismus, the right eye being most affected. Some four or five weeks after the accident, and while the little fellow was amusing himself pulling at a mule's tail, he received a kick from the animal just behind the right ear, which knocked him senseless. The accident was followed by vomiting, dilated pupil, and other symptoms of concussion which persisted for several days. From the time the kick was received (April 17th) up to the present, his eyes have been as straight as they were previous to the accident which produced the squint. I have made several appeals to my medical friends for a solution of this curious phenomenon, but have received no satisfactory explanation. One gentleman is of the opinion that the first blow tangled up some of the nerve-fibers influencing vision, and the kick of the mule untangled them again. Can not some of the New York specialists who have recently gone over to homeopathy give us a more lucid explanation than that given by our facetious friend? E. R.

LOUISVILLE, May 2, 1883.

Editors Louisville Medical News:

As Secretary of the Boyle County Medical Society, I am requested to submit the following resolutions to you for publication in your journal:

To the Boyle County Medical Society: The committee appointed to report on the resignation and removal of Dr. Tucker to Marion County, Ky., would respectfully submit the following: "The resignation and removal of Dr. D. C. Tucker calls for an expression upon the part of the Boyle County Medical Society—of which he was a member—of regrets, and of the high regard entertained for him personally and professionally. For many years the members of this society have been socially and professionally associated with him, and have always found him an urbane gentleman, a diligent student, an industrious practitioner, and in his professional intercourse courteous and ethical. His absence from the meetings of this society will be seriously felt, and his place will not be easily filled. He will bear to his new home the sincerest commendation of his professional associates as a gentleman and practitioner of medicine.

J. M. MEYER, M.D.
GEO. COWAN, M.D.

W. N. TURNER, Secretary.

DANVILLE, KY., April 3, 1883.

GLYCERINE.—M. Desguin, of Anvers, has given glycerine internally in certain forms of skin disease with, it is said, marked success, especially in acne punctata and the furuncular diathesis. He commences with four drams daily and gradually increases the dose. He states that the secretion of the cutaneous glands, which is thick and irritating in these diseases, becomes more liquid, and cutaneous irritation is notably lessened. During convalescence from scarlet fever he believes that it facilitates desquamation.—*Lancet.*

Obituary.

JAMES M. LEMON, M. D.

Dr. James M. Lemon died in Truxton, Mo., on April 27, 1883. He was born in Polk County, Mo., April 22, 1838. Was a graduate of the McDowell Medical College, of St. Louis. He served as Assistant Surgeon in the C. S. A., fifth Missouri regiment, during the entire war. In 1871–72 he attended a course of lectures in the Medical Department of the University of Louisville, and a second course during the session of 1875–76, when he was graduated by that institution.

In Dr. Lemon the profession has lost an able practitioner. He was a man who was ever well posted in the latest advances in medicine and surgery. As a diagnostician he was singularly accurate. He was a skilled microscopist. Remarkable success attended him in his extensive practice. In the midst of his labors he was suddenly called to rest, a thing of which he knew little during his busy career. He was tender and true to his family and friends, and in all things did his duty. He took pride in his profession. He was ever ready to assist his younger brethren.

The thought of his many kind and noble deeds will again and again bring him to our remembrance, and though he is dead he yet speaketh.

Selections.

Epidemiological Society.—A meeting of the above Society was held on April 4th, Surgeon-General John Murray, M. D., in the chair. Dr. G. B. Longstaff read a paper on Phthisis, Bronchitis, and Pneumonia: Are they Epidemic Diseases? The following is an abstract (Lancet):

The author explained that his object was to examine the Registrar General's returns in such a way as would make clear their bearing on the solution of the question propounded. As in previous papers, relating to summer diarrhea and the diseases allied to erysipelas respectively, he exhibited diagrams graphically representing the death-rates for England and Wales from the diseases in question, and certain others in various ways allied to them, during a period of twenty-five years; also showing the same death-rates in London for thirty-three years, compared with a curve expressing the number of cold days in each winter. Many other curves have been pointed out by the author, but only a few had proved useful for the purpose in hand. One diagram showed that the death-rate curve of phthisis deviates but very little from a straight line, resembling in this respect those for cancer, apoplexy, paralysis, convulsions, and fractures. The curves of tubercular meningitis (hydrocephalus), and to a less degree tabes mesenterica, resembled the phthisis curve. The phthisis death-rate had fallen twenty per-cent during the last twenty years. The bronchitis curve exhibited considerable fluctuations, but on the average it had risen eighty-one per-cent during twenty years. Pneumonia gave a curve closely resembling that of bronchitis in many respects, but the average mortality had fallen twenty per-cent. The total mortality from all diseases of the respiratory organs, together with phthisis, showed an increase of five per-cent, indicating that probably many deaths formerly returned as due to phthisis or pneumonia were now classed with bronchitis. Pleurisy appeared to be more allied to rheumatism than to respiratory diseases. From the curves relating to London deaths, it appeared that bronchitis and pneumonia corresponded with the coldness of the winters, but not so closely as might have been expected. Phthisis was but little affected. Curves derived from Messrs. Buchan and Mitchell's paper on the influence of weather on mortality, showing the average weekly fluctuations of the death-rates from varions causes in London during thirty years, strongly confirmed the author's conclusions, with the single exception of tabes mesenterica, which gives an entirely different curve from that of phthisis. In another diagram were exhibited the week-to-week fluctuations of the deaths from bronchitis and pneumonia during the last five winters in London, and their relation to cold; also the same for phthisis during two of the winters. This diagram showed clearly that the pneumonia death-curve had a general correspondence with the bronchitis death-curve; but it differed in two particulars, viz., the fluctuations were much less, and while it rose in the autumn as rapidly, it fell in the spring more gradually. In the spring of 1879 there was a prolonged high mortality from both bronchitis and pneumonia out of proportion to the severity of the cold; and during the whole winter of 1878-9 the two curves of bronchitis and pneumonia corresponded less closely than in the others.

The effect of two hard winters upon the phthisis mortality was shown to be remarkably slight. It was noted that for every 1,000 females who died of pneumonia not less than 1,460 males died, whereas in the case of bronchitis the numbers were 1,000 females to 1,104 males, and in the case of phthisis 1,000 females to 1,046 males. Bronchitis caused nearly three times as many deaths in proportion to population in Lancashire as in Gloucester. The mortality was also very high in metropolitan Surrey and Middlesex, West Yorkshire, Warwick, and Monmouth. It was very low in Cornwall, Sussex, Norfolk, extra-metropolitan Surrey, Cambridge, and Gloucester. Pneumonia was most fatal in Lancashire, Monmouth, South Wales, West Yorkshire, Stafford, and metropolitan Middlesex and Surrey; least in Sussex, Wilts, Hants, Bucks, Oxford, North Yorkshire, and Westmoreland. In eight registration counties pneumonia was found to be comparatively much more fatal than bronchitis, viz., South Wales, Gloucester, Rutland, extra-metropolitan Surrey, Bedford, Cornwall, Monmouth, and Cambridge. In ten registration counties bronchitis was found to be relatively more fatal than pneumonia, viz., North Yorkshire, Warwick, Wilts, metropolitan Surrey, Cumberland, Nottingham, Westmoreland. Cheshire, Somerset, and Oxford. The author's main conclusions were: (1) That the mortality statistics of England and Wales did not give any evidence in favor of the view that phthisis is communicable, but they showed, on the other hand, that weather had very little influence on the phthisis death-rate. (2) That while bronchitis and pneumonia were both greatly influenced by meteorological conditions, it was difficult to explain by those conditions alone all the phenomena. (3) That common catarrh was a communicable disease, and that it was probable that very many cases of bronchitis and pneumonia might be looked upon as complications of that or some similar disease of mild character when uncomplicated. (4) That the different incidence of bronchitis and pneumonia on the two sexes pointed to some difference in the causation of the two diseases. (5) That there would appear to be some common factor in the causation of phthisis and tubercular meningitis.

Mercurial Decalcification.—A remarkable effect of acute poisoning by mercury, in the form of corrosive sublimate, was discovered by Salkowski, and has been confirmed by Prévost and Frutiger, of Geneva, in a very interesting investigation. (The Lancet.) The effect is the deposition of calcareous salts in the cortical substance of the kidney. The deposits of lime-salts may easily be confounded with deposits of fat. The process commences in the straight tubules, and afterward involves the tubuli contorti, and is sometimes so great that the kidneys appear as if petrified. The effect is most marked in the rodents, but may also be observed in the cat, and likewise, although with more difficulty, in the dog, and it is apparently of the same nature in all animals. It is very remarkable that this change is not, as might be expected, most marked when the poisoning is most chronic. It is greatest when the doses of the poison are such as to cause death in three or four days, and are too small to kill within four-and-twenty hours. The Swiss investigators have made a very important discovery as to the process by which this remarkable effect is produced. They find that the calcification of the kidneys is accompanied by, or rather accompanies, a removal of lime-salts from the bones which, in the case of rabbits, is sufficient to render the epiphyses of the long bones movable on the shafts. In order to estimate the actual amount of decalcification, a series of comparative analyses were made, the tibia being the bone chosen. The loss of lime was found to be usually from two to four per cent, and sometimes to amount even to eight or ten per cent. The change in the bones was always inversely proportioned to the change in the kidney. To obtain even more precise results, the leg of one animal was amputated before the commencement of the experiments, so that the normal proportion of lime salts might be accuratively compared with that present after the action of the corrosive sublimate. But the result of this experiment was the demonstration of a very interesting fact in relation to the processes of calcification and decalcification in the system. It was found that when the animal had recovered perfectly from the effect of the amputation, no mercury having been given, there was an increase in the amount of lime in the opposite tibia. Even after intoxication by mercury it was found that there was still an excess of lime present, showing that the augmentation due to the amputation of the other leg was more than enough to compensate for the loss produced by the mercury. The peculiar effect of the corrosive sublimate can not be attributed to impairment of the general nutrition, since in starving animals, which had lost eight hun-

dred grams of body weight, the proportion of the mineral constituent of the bone was positively increased instead of being diminished. The rapid decalcification of the bone seems to afford an adequate explanation of the accumulation of lime-salts in the kidneys arrested in the process of elimination by these organs.

Chemical Analysis of Water and Water-Supply.—Charles T. Kingzett, F.I.C., F.C.S., writes, in the British Medical Journal: Attention has been recently directed in this journal to certain investigations, from the results of which it is apparent that "polluting material, potent for harm," may be present in a water, the analysis of which would indicate it as of "extraordinary organic purity." I believe that this fact is recognized by all chemists, and most chemists will admit that an infected water may as readily pass one method of water-analysis as another. There can be no doubt that, while chemical analysis may throw much light upon the history of any particular water, and particularly if an investigation be made (as it always should be) of the source of the water, the methods at present employed by chemists are powerless to discover the presence of disease-germs in water. My experiments show that it is possible to introduce fifty fluid grains of a putrid extract into a gallon of chemically pure water, without taking it out of Dr. Tidy's class of "waters of great organic purity." Similarly, one hundred and seventy fluid grains could be introduced with the result of obtaining a water of "medium purity," and two hundred and fifty-five fluid grains would only make the water of "doubtful purity." The putrid extract here referred to was swarming with organisms, and doubtless contained sepsin, which Dr. Burdon Sanderson has proved to be a blood-poison.

An Inquiry into the Causes of the Increase of Cancer.—At the end of a long and elaborate thesis on this question, in the British Medical Journal, Hugh P. Dunn, F.R.C.S., concludes:

1. That, in the face of incontrovertible facts, cancer is increasing in England.

2. That this increase is due, (*a*) To the success attending the legislative measure and other means for the preservation of the infant population, by which a large proportion of persons reach adult age, and the general healthiness of the community is increased; (*b*) To the greater prominence which, in the present day, prevails, of the most predisposing causes of the disease—such as the fecundity of women, the prevalence of high nervous tension, the existence of possibly greater general luxury in the mode of living.

3. That the immunity, apparently demonstrated by the records as present in certain counties in England and Wales, is presumably, as we have attempted to show, not due to any real declination of the disease, but rather to such causes as can be explained by special local predisposition to other diseases to which a large proportion of the adult population succumb.

4. That in consequence of this, if each district in England and Wales were equally healthy, each would probably exhibit a high cancer mortality.

5. That the geographical area of which England and Wales is composed is insufficient to account directly for interruption in the distribution of cancer as met with in this island.

Treatment of Lumbago.—Dr. J. Hosack-Fraser writes, in the Lancet: For the last eighteen months I have been adopting a very successful plan in the treatment of lumbago. While I held the office of resident physician to the Edinburgh Royal Infirmary, I frequently had occasion to perform the operation of cupping in Bright's disease of the kidneys. Some of these cases were attended with severe pain in the loins, and I was so impressed with the great relief from lumbar pain which followed cupping that I thought it might prove a valuable remedy in lumbago, and accordingly the next case of that disease which came under my care was cupped, and I am happy to say that the trial was rewarded with complete success. Since that time I have treated a large number of cases of lumbago by dry-cupping, many of them with the disease in its most severe and aggravated form; and I have been able to give almost immediate and complete relief to most of them, and in no case have I failed to alleviate materially the suffering of the patient. I am convinced that this is a very valuable although simple plan of treating a very common, troublesome and painful affection. I find that the subcutaneous injection of sulphuric ether, chloroform, or morphia locally is a valuable adjunct in the treatment of such cases, but in the majority of them the cupping alone is sufficient to give relief. This operation should be preceeded and followed by the administration of a saline cathartic.

WHY IS THE HEAD PRESENTATION THE MOST FREQUENT?—The causes which determine the position of the fetus *in utero* have long been a subject for argument. (Medical Times and Gazette.) There can, we think, be no question that the action of gravity is the most constant of the forces acting on the fetus. Dr. Matthews Duncan has shown that the position into which the action of gravity, if unopposed and unmodified, would bring the fetus, is that which it actually does assume; and we may therefore conclude that gravity is not only the most constant but the most powerful of the forces which determine the fetal position *in utero*. But it is not the only one, for if it were, living children at term would always present with the head. Sir James Simpson invoked the movements of the fetus, his theory being that when the fetus presented by another part than the head its shape was not so well adapted to that of the uterus, certain parts of it were unduly pressed on, and thus reflex movements were excited, the effect of which was to put the fetus in the more comfortable position. In a recent number of the *Archiv für Gynäkologie* Dr. Meeh elaborately studies the effect of the fetal movements with relation to the position the child assumes *in utero*. The answer which he gives to the question, Why does the fetus present oftener with the head than with the breech? is the following: That part of the uterus which lies within the pelvis, and (being surrounded with a bony ring) is unyielding, while the rest is very yielding, retains the head of the fetus longer than the breech on account of the different length of the leverage exerted by the upper and lower limbs of the child respectively. Extension of the fetal limbs alters the position of the child more easily if they come into contact with the hard, unyielding pelvic segment of the uterine wall (as is the case in breech presentations) than if with the more roomy and yielding part of the uterus which lies in the abdominal cavity (as in head presentations). The movements of the lower extremities exert a greater effect in altering the fetal position than those of the upper, because the lower extremities are further from the center of the child's body, and therefore act with more powerful leverage.

CHOLECYSTOTOMY.—Mr. Lawson Tait presented a patient to the Birmingham Medical Society (Birmingham Medical Review) upon whom he had performed cholecystotomy in October last, and exhibited the sixteen gall-stones which he had removed. The patient had been suffering from the usual symptoms of distension of the gall-bladder, these being, as usual, intermittent. During their existence a movable tumor over the right kidney could be felt. There seemed to be, as far as as Mr. Tait could determine, a good deal of misunderstanding about the symptoms of gall-stone and its cause. As long as the stones were loose in the bladder they gave rise to little or no uneasiness, and this explained the frequent discovery of numerous gall-stones in the gall-bladder on *post-mortem* examination, although they had caused no suffering during life. But if a calculus gets into the neck of the bladder and then becomes impacted, the mucous secretion of the inner coat of the bladder, collecting behind the stone, distends the cyst, and its spasmodic efforts to expel its contents becomes the cause of agonizing pain. Till the calculus passes as far as the common duct there is no jaundice. Cholecystotomy is a very easy operation, and considering that it was originally proposed in 1743, by Jean Louis Petit (*Mémoires de l'Académie de Chirurgie, Tome i, p.* 155), it is marvelous that no one ever attempted it till three years ago.

UMBILICAL EPITHELIOMA.—At the Société de Chirurgie, Paris, M. Després communicated the case of a woman of sixty-five upon whom he operated for an epithelioma of the umbilicus. (The Medical Press, April.) He circumscribed the tumor by two semicircular incisions; not only was the peritoneum attacked but also the epiploon, parts of which had to be removed. The tumor extirpated, he plugged the wound with the epiploon, replacing the cancer by an epiplocele. The patient left the hospital in a fortnight, cured. M. Nicaise said he did the same operation for a fibrous tumor of the umbilicus, in which he had also to open the peritoneum, but the patient had a good recovery.

CHLOROFORM BREATH IN GASTRIC DISTURBANCE.—There is a symptom of gastric disturbance in children which I have never yet seen mentioned in any text-book, French or English, and yet it is most invariably constant and generally to be met with at the *début* of the affection, so that it may be considered as a sure premonitory sign, I mean that of the breath, which smells as if the child had freely inhaled chloroform. I have always found that this "chloroform breath" not only commenced with the gastric disturb-

ance, but continued during the whole period of the malady, and that its cessation indicated also a cessation in all the other general symptoms, fever, vomiting, etc., and consequently a return to health. I have remarked this peculiar odor in children of every age, and once in a grown-up person, it was then very strongly marked. I do not pretend to be bringing to light any thing new, but I have never heard this peculiar symptom alluded to any where.—*Paris Correspondent of the Medical Press.*

Prolonged Retention of Urine—Rupture of Urethra; Recovery.—W. J. Barkas, L.R.C.P., reports the following case in the Australasian Medical Gazette: A. G., aged sixty-three, sent for me December 20th. Twelve days before he commenced to have retention of urine. Strange to say, through ignorance and mismanagement, no medical man was sent for until I was called in. On questioning, I found that his abdomen had gradually enlarged, with intense pain, and not a drop of water had passed; but on the ninth day of the retention the pain suddenly ceased, the abdominal swelling disappeared, and enlargement of the scrotum and penis came on, followed shortly afterward by some inflammatory symptoms in the tissues there. It was the third day after this rupture that I saw the patient. I found extensive infiltration of urine into the scrotum and penis, and much inflammatory exudation along the whole course of the urethra, with a sequence that it was impossible to pass a catheter. I made incisions into the perineum and at the root of the penis, from which urine poured out with great relief to the tension of those parts. Within a month the patient was well.

Friction Cake.—The value of capsicum as a local application in lumbago, rheumatism, sciatica, myalgia, and a host of painful affections, has long been recognized. The "Friction Cake" is a preparation of Guinea pepper, mixed with an unctuous substance, so as to form a stick, which can readily be rubbed into the painful part. It is a powerful rubefacient, producing decided smarting in a few minutes; and it will be found a useful addition to our means of treating an obstinate class of cases.—*British Med. Journal.*

Synthesis of Uric Acid.—Much interest attaches to the recent discovery by Horbaczewski of the synthesis of uric acid from urea. (British Med. Journal.) That these two bodies are chemically related has long been known; for, by oxidation uric acid yields urea, or rather the products of the oxidation of urea. On physiological grounds there has also been every reason to suppose that urea and uric acid are associated in some hitherto unknown manner. The merit, nevertheless, of first distinctly proving the connection of the conversion by less complex urea into the more complex body, uric acid, belongs entirely to Horbaczewski. The transformation was effected by heating urea with glycerine in a sealed tube to a temperature of 392.446° Fahr. In this way, and by further purification, a distinct quantity of uric acid was obtained in a crystalline form.

ARMY MEDICAL INTELLIGENCE.

Official List of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from April 28, 1883, to May 5, 1883.

Baily, Joseph C., Major and Surgeon, to be relieved from duty in the Department of California and assigned to duty in the Department of Texas. (Par. 12, S.O. 102, A.G.O. May 3, 1883.) *Tilton, Henry R.*, Major and Surgeon, to be relieved from duty in the Department of the Missouri and assigned to duty in the Department of the East. (Par. 13, S.O. 102, A.G.O. May 3, 1883.) *Byrne, Chas. B.*, Captain and assistant Surgeon, to be relieved from duty in the Department of the South and assigned to duty in the Department of the Missouri. (Par. 12, S.O. 102, A.G.O. May 3, 1883.) *Crampton, Louis W.*, Captain and assistant Surgeon, now waiting orders to proceed without delay to Fort Wayne, Mich., and report to the commanding officer for duty at that post. (Par. 2, S. O. 73, Department of the East, April 30, 1883.) *Paulding, Holmes O.*, Captain and assistant Surgeon, to be relieved from duty at Fort Sidney, Neb., and assigned to duty at Fort Douglas, Utah. (Par. 1, S.O. 42, Department of the Platte, April 25, 1883.) *Perley, Harry O.*, Captain and assistant Surgeon, to be relieved from duty in the Department of the East and assigned to duty in the Department of Dakota. (Par. 14, S.O. 102, A.G.O. May 3, 1883.) *Spencer, Wm. G.*, Captain and assistant Surgeon, now awaiting orders, assigned to duty in the Department of the East. (Par. 12, S. O. 102, A.G.O. May 3, 1883.) *Worthington, Jas. C.*, Captain and assistant Surgeon, to be relieved from duty in the Department of the East and assigned to duty in the Department of the Missouri. (Par. 14, S.O. 102, A.G.O. May 3, 1883.) *Biart, Victor*, First Lieutenant and assistant Surgeon, to be relieved from duty in the Department of the Missouri and assigned to duty in the Department of Dakota. (Par. 13, S.O. 102, A.G.O. May 3, 1883.) *Macauley, Carter N. B.*, First Lieutenant and assistant Surgeon, to be relieved from duty in the Department of the East and assigned to duty in the Department of Dakota. (Par. 12, S.O. 102, A. G.O. May 3, 1883.) *Strong, Norton*, First Lieutenant and assistant Surgeon, upon expiration of leave of absence, to be assigned to duty at Fort Thornburgh, Utah. (Par. 2, S.O. 42, Department of the Platte, April 25, 1883.)

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÄ."

SATURDAY, MAY 19, 1883.

Original.

LECTURES ON FRACTURES.

Delivered in the Post-Graduate Course of the Medical Department of the University of Louisville. Session of 1883.

BY L. S. M'MURTRY, A.M., M.D.

II. GENERAL CONSIDERATIONS.

Gentlemen: The facts presented at the last lecture relative to the repair of fractured bones show that a number of days must elapse after the injury before the reparative process is actively instituted. Nevertheless it is the unanimous teaching of surgeons every where that the treatment of a fracture should begin immediately after the accident which has caused it. Under proper treatment, immediately begun, further injury to the soft parts is avoided and swelling is limited. Indeed swelling, when present, is best treated by the proper fracture dressing. Before the reduction of the fracture, as well as afterward, every disturbance of the fragments adds to the injury. Hence temporary dressings and frequent removal of the patient are to be avoided, if possible.

The first step in the treatment of fracture is *reduction*, meaning the bringing of the fragments into proper apposition. As has been already stated, the most potent cause of displacement is muscular action, and hence this contraction of the muscles is the principal obstacle to the reduction of fractures. This can be overcome in several ways. When the fragments are unlocked and brought down, the co-ordinating power of the muscles tends to bring about a proper adjustment. This is always to be accomplished in simple fractures without violence. The muscles can usually be relaxed by position, and when the reduction is prevented by muscular spasm this can always be overcome by an anesthetic. The muscles being relaxed, the reduction is accomplished by extension, counter-extension, and coaptation. A gentle, steady pull is usually all that is necessary, in fracture of the shaft of a bone, to throw the fragments into apposition. The action of the muscles, to which was due the deformity and the difficulty of reduction, now tends to restore the shape of the limb and the maintenance of reduction. When angular displacement alone exists, as in incomplete fractures, lateral pressure and counter-pressure are the means of reduction. In complete fractures of the shaft rotation is often a part of the process of reduction. In effecting reduction it is important to remember that not only is the length of the limb to be restored, but also its natural contour must not be destroyed by making it too straight. In impacted fractures, particularly those in the vicinity of the wrist, considerable force is often necessary to unlock the fragments; but this is the only form of fracture in which the employment of forcible means is admissible. The most perfect apposition of the fragments and the most satisfactory dressing of a fracture can be had when the patient is under the influence of an anesthetic. Since the introduction of anesthetics the greatest obstacles to this initial step in the treatment of fractures have been eliminated.

The remaining indication for the treatment of fractures after reduction is the retention of the fragments in apposition, which we may appropriately term *immobilization*. This is the object and purpose of all dressings for fractured bones. To preserve the fragments in a state of immobilization is very difficult in many cases during the first few days, on account of the spasmodic movement of the muscles of the injured part. Since no material progress toward union of the fragments obtains during the first ten days, this trouble does not affect the result

of our efforts. Immobilization is, as a rule, maintained by means of dressings of varied character and material. The prevention of displacement is only obtained by immobilization of the fractured surfaces, while at the same time the contiguous joints are secured. In some cases a serviceable apparatus in meeting these indications is one which continues the process utilized in reduction, and secures continuous extension with lateral support at the seat of fracture. In every instance complicated and elaborate apparatus should be avoided, while the objects of treatment are attained by the simplest means. Carved and manufactured splints are altogether useless, since they never fit accurately and are not adapted to the special indications of each case. In every case the choice of a dressing depends upon the nature and extent of the injury and the character of the displacement which is to be corrected. Bandages, pasteboard, deal-board, adhesive plaster, and the material for the plastic apparatus form all the essential appliances for the treatment of these injuries. Bandages for treating fractures should be applied with the utmost care and regularity, and it is better for them to be too loose than too tight. The old custom of applying a bandage immediately to the skin, to prevent muscular contraction and maintain reduction in fractures, is to be condemned under all circumstances. A bandage underneath the splints is not only altogether useless, but is dangerous in the extreme, on account of the risk of strangulation. So far as splints are concerned, it is an exceptionable injury which requires other than such as can be improvised by the practitioner. Wooden splints are made preferably of soft white wood, which can be easily shaped to the desired proportions. They are particularly adapted to coaptation and lateral support, and are always to be well padded with cotton. Pasteboard or binders' board, leather and gutta percha, felt, etc., owe their value as splints to the fact that they are soft and pliable after immersion in hot water, and may be molded to the shape of the limb, regaining, when dry, their accustomed firmness. Splints with similar adaptability may be made of layers of bandage saturated with starch, eggs and flour, liquid glass, and gypsum. The plaster-of-paris dressing is superior to all the other dressings of this class, for the following reasons: (1) It becomes so firm that it prevents displacement; (2) the rapidity with which it hardens maintains complete reduction and coaptation; (3) its porosity permits ventilation; and (4) its cheapness places it within the command of every one. Special apparatus composed of wire, steel, etc., is not necessary for the treatment of any variety of fracture. While extension and counter-extension are, as a rule, unnecessary to prevent shortening, yet there are special instances in which this method is serviceable. The principle of this method is, by moderate and persistent strain to overcome the muscles which cause displacement. Its best services are to be had in the treatment of fractures of the shaft of the femur. A strong band of mole-skin adhesive plaster, a small wooden block, with weight and pulley, all arranged after the method of Gurdon Buck, constitute the best method of applying constant extension. This plan of treating fractures of the thigh is not growing in favor, and it is not a great risk to predict that the plastic dressing will ere long supersede it. Regularity of pressure in all forms of dressings is of the utmost importance. For padding splints, and for padding the limbs when the plastic dressing is applied, cotton is preferable to all other material. It should be of the best quality of "batting," and the layers should be unbroken. Attention to these details has much to do with the prevention of muscular spasm, and thereby excludes the necessity of extension and counter-extension.

After a fracture has been reduced at once after the injury, and the fragments rendered immobile by a fixed apparatus, there should be no interference with, or removal of, the dressing without absolute and sufficient cause. There may, of course, be special indications for departure from this rule, as when the fracture is associated with a deep bruise, or when the limb becomes very painful without apparent cause. Needless interference, however, is to be avoided. No class of surgical cases requires more constant vigilance on the part of the surgeon than is required in the treatment of the injuries under consideration.

Compound and complicated fractures present certain special indications of treatment, which will receive attention in our next lecture.

LOUISVILLE, KY.

LONDON HOSPITAL POVERTY.—The financial darkness at present surrounding our hospitals grows thicker and thicker.—*London Lancet.*

HYSTERIA COMPLICATING TYPHOID FEVER.

BY E. J. KEMPF, M.D.

On April 2, 1883, I was called to see Miss Maggie K., who was having a "spell," as the messenger expressed it. On my arrival I found the patient sitting up in bed, panting for breath, crying as if her heart would break, and seemingly in great distress. Two sympathizing friends were propping her up, one was bathing her face and hands with cold water, and a half dozen or so were standing around doing nothing. The patient did not look at me as I entered, but kept on with the performance. Quietly taking a seat and waiting a moment or two, I commenced questioning the patient concerning her troubles, and she immediately seemed to recover from her spell.

She tells me that she has been ailing for two or three weeks, with pains in her bones and chest, a feeling of weariness in her limbs, and a melancholic state of mind. At present she gets a spell of suffocation every few minutes. She complains of pains in the region of the stomach, which will gradually pass up to her throat and there form a lump that threatens to suffocate her. Pains would also appear in the region of her heart, and she became faint and had to pant for breath. She has headache at the top of her head. Her appetite is tolerably good, but she has a great deal of thirst. She is menstruating at the present time somewhat to excess. Her face is flushed, but her skin does not feel hot to the touch. Her bowels are loose; she has two or three fluid, pale ocher-colored, offensive stools a day. Pressure over the ovaries causes pain. She has no tympanites or pain in the right iliac region. Pressure over the stomach causes pain, and she also feels nauseated. She has an idea that there is a lump in her stomach that ought to be removed by purgatives.

The nurse tells me that the patient is very peevish and troublesome, and that she is not satisfied with any thing done for her. She complains that her family does not care for her, and that all wish she would die. Her sister is at the present time having puerperal mania. Their father had suffered from dementia, following idiopathic epilepsy. The patient has also been disappointed in a love affair, a discarded lover having threatened her life. The patient has otherwise been healthy, and has never suffered from any acute sickness.

I diagnosed the case as one of hysteria, due to nervous exhaustion of a system already predisposed to the disease. I ordered an emetic dose of ipecac, to be followed by large doses of fluid extract of valerian, and pressure over the ovaries. This treatment was, however, of no avail; the patient had one so-called spell after the other. Large doses of morphine were also given, which seemed to control the patient somewhat. Dr. Paul Kempf was called in consultation, and he concurred in the diagnosis and treatment.

The patient seemed to gradually get worse, and on the fourth day seemed really to be sick. Her lips were dry and parched, her teeth and tongue covered with sordes, and she had more headache. The other symptoms were about the same. Her pulse was 120, full and strong; the temperature was 104° F. in the evening. Thinking that there was malaria in the case, I gave her thirty grains of quinine in three doses. She was thoroughly chinchonized.

In the morning of the fifth day her temperature was 102°, and in the evening 104° F. From the character of the stools, the range of temperature, rate of pulse, and gastric irritation, I concluded that this was a case of typhoid fever, complicated by hysteria. It is a fact that acute diseases have a tendency to develop hysteria in patients so predisposed, and this was evidently such a case. This was certainly a triumph of the clinical thermometer, as a proper diagnosis and a proper treatment could not have been made of the case without its aid.

I gave the patient a twenty-grain dose of quinine every morning, twenty drops of *listerine* in a tablespoonful of water every four hours, a quarter of a grain of morphine every six or eight hours, and liquid diet. The diet consisted of beef-tea, chicken broth, milk, egg-nog, diluted whisky, and occasionally a little coffee.

On the eighth day of the sickness the patient became more reconciled and the spells disappeared. The lump in her throat and the pain on pressure over the stomach remained. The tongue was coated with a whitish fur, with a clean, red, dry center. Her temperature ranged from 100° to 102° in the morning to 102° to 104° in the evening. No tympanites and no pain in the abdomen. A slight headache, and flying pains in the back, chest, loins and limbs. The stools remained of a fluid, pale ocher-colored appearance, and of a sickly, offensive odor. She generally had from three to four

stools in the morning and one or two at night. This state of things remained about the same until the nineteenth day, when the patient became convalescent. Her diet was still restricted, and perfect rest both of body and mind was earnestly enjoined. No relapse took place, and the symptoms of hysteria disappeared except a little nervousness. She has since menstruated normally.

FERDINAND, IND.

Miscellany.

THE AMERICAN MEDICAL ASSOCIATION.—The Ohio & Mississippi Railroad offers to physicians attending the annual session of the American Medical Association at Cleveland reduced rates. Tickets will be sold at the offices of the O. & M. R. R. in Louisville and Cincinnati, and at all points on this road and its connections, for one fare going, and on presentation of the secretary's certificate a return ticket will be furnished at the low rate of one cent per mile. This road is first-class in every particular, and delegates taking this route will be carried safely, pleasantly, quickly, and courteously.

CLAIMS FOR PRIORITY IN OBSERVATION AND IN THE INSTRUCTION OF NEW METHODS OF TREATMENT.—The following, from the London Medical Press, we commend to our readers:

From time to time unseemly wrangles appear in the columns of our medical journals in connection with the claim to priority in bringing forward what is regarded as a new observation or a new method of treatment. That such should be the case is a matter of regret, and springs from the ungenerous side of our nature on the one hand, and a want of true largeness of spirit and of wisdom on the other. The one desires to belittle another's efforts, taking pride in displaying the extent of his own reading; the other should certainly not allow himself to be disturbed or put out by the fact that what to him is new has been known before. That such should be the case does not rob him of the credit of originality as far as he is concerned, since his conclusions are the result of original observation and thought on his own part, and to him are a fresh departure. Indeed, there is no reason why he should not welcome the proof that to others had occurred the same idea as to himself. That two men should arrive independently at certain conclusions is more or less evidence of the truth of those conclusions, or, at least, lends additional color to the likelihood of their being true, and in so doing tends to heighten the value of the observations made or conclusions arrived at. It is true that the longer we live the more clearly we find that those who have gone before us have been acute observers and close thinkers, fertile in therapeutic resource and careful in watching and recording the results of the remedies employed or the methods of treatment adopted by them in their medical and surgical management of the cases under their care.

Modifying the old adage, we may safely say that much that is true is not new, and much that is new is not true. *What is true*, and occurs to one man as the result of original observation and thought, may just as well occur to many; and the credit of the observation is just as great for all as for one, provided the work is original; *in that alone lies the credit.* There is good reason why old truths should be rediscovered as new ones. The opportunities and scope for the clinical study of disease is limited to the human body itself; therefore, the same problems which are presented to us now were presented in the days gone by to eyes and minds of highly cultivated men, and men who were thoroughly accustomed to the close observation of symptoms and the effects of remedies, since they were not acquainted with the various methods of physical examination that are now in every-day use and are looked upon as almost essential to the proper study and treatment of disease. The study of symptoms and of therapeutics and the knowledge of materia medica was almost greater in former days than it is at present. Many methods of treatment were initiated in those days which were sound in principle, but which were greatly abused in practice, and the effects of which were explained manifestly upon false grounds when brought to the test of advancing knowledge of physiology, in the study of which the last half century has seen such immense strides. Erroneous explanation of their *modus operandi* and abuse led to their disuse, and finally they sank into obscurity and practically became unknown. Here and there the fact that such methods had been in use is known; but the knowledge is confined to the few, and the practice is ignored by all till once more brought to light as the result of clinical observation and research by a new worker in the same field. Empirically the idea itself

has been found true, though wanting the additional force and support of scientific explanation that possibly increased knowledge of the laws of life may be able to give it.

Again, there is at all times a decided tendency to fashion in the treatment of diseases —*vide* the changes that have taken place in the various forms of stimulants recommended; now port, then sherry, then claret, then whisky and water, and so on through the whole range of hocks, burgundies, sparkling wines, beer, porter, brandy, gin, etc. Again, we recall to mind venesection, leeching, blistering, moxas, issues, the use of mercury, iodide of potassium, salicylates, and a host of remedies, every one of which is in itself most useful when used with proper discrimination and judgment, but which, each and all, have had their day of popularity, until brought into disrepute by being used without judgment, and, one may say, as a matter of routine in the treatment of cases for which they were altogether inapplicable. Even in the present day there is a wide and general abuse of the drug quinine, which is frequently prescribed by men who never take into consideration the fact that it is not always the most suitable tonic that can be given.

Of making books there is no end. Work succeeds work, edition follows edition; the works of the past are shoved almost out of existence by those of the present. Those who are busily engaged in active practice find it hard to keep abreast of the work of the present day, and would certainly find it almost impossible to dip deeply into the literature of the past, or possibly may not have even the opportunity for doing so. He would be indeed a remarkably clever man whose knowledge of the literature of his profession embraced all that has been written concerning disease and its treatment; it is not wonderful, then, that much ignorance of past methods of treatment should prevail, or that old ideas should be again brought forward as new truths by those who may fairly claim to be original workers in the practice of their profession. All generous minds will take pleasure in encouraging those who think they have discovered something new; while, among the latter, all who are truly wise and large-hearted will not grudge the credit due to those who have gone before, even if the idea in question has been only dimly shadowed forth rather than seen clearly, as it may be, in their own case.

To have the credit for original work is a laudable ambition enough, but at the same time it is not free from the taint of selfishness and self-seeking. The highest and most laudable form of ambition is to have at heart the true interests of the profession; to seek after truth for truth's own sake, and for the benefits it may confer upon suffering humanity; to put away small jealousies, and to encourage those who are earnestly making the most of their opportunities to relieve suffering and cure disease; and to be careful at all times to promote union and kindly feeling among the members generally of our noble profession. The kind and encouraging word is as easy to give as the bitter criticism and sneer: it ought to be the earnest desire of all to give it when at all possible to do so. Unity and good feeling among the members of the profession will lead to increased respect, and an improved position in the eyes of the world at large. Dissension and bitterness have entirely opposite effect.

THE CHOICE OF CLOTHES.—Much has lately been said and written to show that the demands of fashion should yield to the laws of physiology in matters of dress. Public attention has been prominently and frequently directed to certain well recognized reforms in garments, especially in those of women, which are of indisputable importance. (The British Medical Journal.)

The proposed improvements have mainly had reference to the shape and size of articles of apparel, and have chiefly been designed to prevent certain baneful constrictions and compressions, certain unscientific distributions of weight, and certain impediments to healthy movement and growth, which fashion has favored, but which are obviously in the truest sense unphysiological; but it must not be forgotten that, in dress intelligently adapted to its essential utilities, the materials of garments must be wisely chosen, and that the texture and color of clothes have as important bearings upon the health and happiness of their wearer as the mere "make" of his apparel. On these points, hygenic science has established certain definite and reliable conclusions. Whatever else may be said about clothes, their primary object is to protect against hurtful variations of cold and heat; all their other uses are either derived from, or are subsidary to, their essential purpose. If utility strictly rule, it is clear that the material, texture, thickness, and color of clothes must be governed in accordance with their bearing upon the protecting function of dress, and that these must be special-

ized in conformity with experience to meet the necessities of different climates and the requirements of various occupations. With regard to protection against extremes of simple cold, as distinguished from cold winds, wool is much superior, for equal thickness, to either cotton or linen. For protection against very extreme cold, besides wool, leather or waterproof clothing is very useful. Wool is especially adapted for underclothing; when protection against cold is particularly aimed at, all underclothing should be of this material. Against cold, cotton and linen, for equal thickness, are about equal in protective power. For protection against cold winds, leather and india-rubber, according to Dr. Parks, for equal thicknesses take the first rank; wool the second; cotton and linen taking the lowest places. For protection against extremes of heat, in the form of direct solar rays, the texture of clothes is practically immaterial; protection from this danger depends chiefly, if not entirely, upon color. White has the greatest protecting power, then gray, yellow, pink, blue, and black. For hot countries, white clothing is the best; next comes dress of a light gray or dust-colored shade, like the Indian "khakee." In the the shade, Dr. Parks found that the protecting effect of color against heat is not marked. Here the thickness and the conducting power of the material are the conditions which affect protection. With regard to the absorption of perspiration the hygroscopic properties of woolen fabrics are well known. The water penetrates into the woolen fibers themselves and distends them (hygroscopic water), and also insinuates itself between the fibers (water of interposition). In absorbent power for watery fluids, wool is greatly superior to either cotton or linen; and it has been found that the hygroscopic absorption of woolen fabrics, as compared with those of cotton and linen, is at least double in proportion to weight, and quadruple in proportion to surface. This observation applies to cotton fabrics made of cotton fibers as ordinarily prepared. Cotton fabrics made of fibers so dressed as to become absorbent, as in those made for surgical dressings, would probably equal, if they did not surpass, woolen materials in hygroscopic affinity. Among the subsidary functions of clothes are the effects of various dress material upon the absorption of odors, and in the protection against malarial emanations. These considerations respectively assume especial importance in some occupations and in some countries. Odors probably mark the diffusion of minute material particles. Their absorption by articles of apparel has been found to depend partly upon color and partly upon texture. Stark's observations show that the power of absorption of odors by dress fabrics, so far as color alone is concerned, is in the following order, black, blue, red, green, yellow, white. So far as the texture is concerned, the absorption of odors has been found to be in proportion to hygroscopic absorption. Woolen materials take up odors best. With regard to the protective influence of various dress materials against the effects of malarial emanations, the late Dr. Parkes wrote: "It has been supposed that wearing flannel next the skin lessens the risk of malaria. As it is generally supposed that the poison of malaria enters either by the lungs or stomach, it is difficult to see how protection to the skin can prevent its action, except indirectly, by preventing chill in persons who have already suffered from ague; but the very great authority of Andrew Combe, drawn from experience at Rome, is in favor of its having some influence; and it has been used on the west coast of Africa for this purpose with apparently good results."

The Sap of the Birch.—An interesting observation, of much importance in the cause of vegetable physiology, has been communicated by Professor Attfield at a recent evening meeting of the Pharmaceutical Society. A slender white birch tree, with a stem which at the ground is only seven inches in diameter, having a height of thirty-nine feet, and before any foliage had developed, would appear to be able to draw from the ground about seven eighths of a gallon of fluid every twenty-four hours.—*Lancet.*

Dr. Richardson's long expected work on subjects connected with preventive medicine is nearly ready for publication. The volume extends to about 1,000 pages, and includes a history of the phenomena, causes, and prevention of the common diseases affecting mankind. It will be entitled "The Field of Disease."

Dr. J. M. Toner.—The joint committee of the Congressional Library has ordered a bust in marble of this distinguished physician to be placed in the library. This is in recognition of the donation to the library of his extensive and valuable collection of medcal and historical works. The bust will be executed by J. Q. A. Ward, the well-known sculptor of New York.

The Louisville Medical News.

Vol. XV. SATURDAY, MAY 19, 1883. No. 20.

LUNSFORD P. YANDELL, M.D., - - }
L. S. McMURTRY, A.M., M.D., - - - } Editors.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

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A FINAL WORD ON THE NEW YORK CODE QUARREL.

At the last meeting of the New York State Medical Society, unfortunately, the loyalists were in a minority and were outvoted. The rebels, regardless of the earnest protest of Flint and Sayre and a host of honored veterans who are for upholding and obeying the Code of Ethics of the American Medical Association, to which they have sworn allegiance until it is legally repealed, by temporary might carried the day. Then the loyal journals every where deprecated and deplored the manners and methods of the rebels.

The other day, the loyalists, by perfectly legitimate and strict parliamentary management, triumphed in the New York Academy of Medicine. And lo, now comes from the outgeneraled rebels a weeping and a wailing and a gnashing of teeth; a flood of bitter, abusive and violent denunciation; a whine and a snarl and a howl; a cowardly cry that it is cruel and unkind and unchristian and unscientific and ungentle and unesthetic, and all that sort of rubbish, to resort to such methods in medical bodies. This is all bosh, all rot, all baby talk! War is no child's play; it means fighting, and fighting means wounding and killing, and thin-skinned, tender-footed, soft-hearted people who are afraid of getting hurt should never go to war.

The American profession under the old code was moving on nobly in its line of duty, honoring itself and the nation by its honest work and worthy deeds, and making itself an example to the profession in other lands. The good and true soldiers of the army of medicine, the raw recruits as well as the veterans in all the lines of the service, were content to march patiently on, feeling that duty demanded allegiance to the old code till it was abrogated.

But content and quiet seem incompatible with the power of action. The great God's first children were not satisfied with the peace and plenty of Eden. Even the angels were not restful in their brilliant and indolent abode. Therefore it is not singular that lesser creatures in our little world should be guilty of folly.

Impelled by hunger or greed, or a thoughtless, brainless, lawless ambition, a lot of New York specialists, joined by a limited number of consulting physicians and some general practitioners, resolved to repudiate the code, to defy the great regular army of American medicine, and, assuming the role of a new Salvation Army, took, in effect, for their motto, "Do as you please," and for their code, "What is expedient is right, what pays is proper."

Such a course is stupidly wrong; such a policy is shameful.

The old code is not perfect; no code or creed ever is or will be. Our code is susceptible of vast improvement, but until the American Medical Association, the supreme medical power of the country, annuls or alters it the code must be obeyed. Its enforcement must be urged to the uttermost power of this body, and all minor associations are in honor bound to do all in their power to uphold the parent association.

In this connection a personal allusion may be pardoned, since one of New York's leading lights has seen fit to apply to one of his peers language most intemperate and unparliamentary, not to say rude and coarse. The Flints, Austin sr. and jr., seem to be singled out as the chief objects of attack

by the malevolent malcontents, who seek to overthrow the code and to assume the dictatorship of the medical profession of America. Austin Flint, jr., barring Dr. Gross and Dr. Austin Flint, sr., has done more than any living American to make our profession illustrious. A great man himself, and the son and grandson of great men, he needs no eulogy. The world knows and admires him. Austin Flint, sr., is not only America's, but, since Sir Thomas Watson's death, he is the world's most eminent physician. Blameless man and stainless gentleman, of peerless eminence in medicine, he should be elected, as we believe he will be, the next president of the American Medical Association. In making Dr. Flint its chief magistrate the association will honor itself more even than it will the recipient of the office, and at the same time will vindicate the honor and honesty of the profession by the election to its highest office of so prominent and faithful and steadfast a defender of its code.

We are for Austin Flint and the old code. For Dr. Flint forever, and for the code so long as it is the creed of the American Medical Association.

THE ANESTHETIC ART.

In a recent number of the British Medical Journal Mr. Roger Williams, F.R.C.S., records some instructive observations upon the administration of anesthetics. He gives a detailed account of six fatal cases, and in conclusion says: "I have observed that those who administer anesthetics too often, do so without any fixed principles to guide them. This is regretable, because, as many of these cases show, the fundamental laws of the anesthetic art can not be disregarded without entailing a deplorable sacrifice of life. I will here endeavor to state, in the briefest manner possible, the most important practical inferences from them. With regard to chloroform, then, subject to the attainment of the object in view, too much air can not be given during its administration; and, with regard to ether, too little air can not be given during its administration. From this, it follows that a long time is required to induce anesthesia by chloroform; but to produce the same result with ether a short time is sufficient. Now, by a long time I mean about a quarter of an hour, and by a short time about five minutes. Surgeons are not unfrequently to blame is this respect. How often one has heard it said to the chloroformist, 'Be as quick as you can; I want to commence the operation in five minutes.' In my opinion, this is equivelent to saying, 'Kill at least one per cent of my patients.' Those kinds of inhalers are the best which most facilitate the fulfillment of these requirements. For giving choloroform, one with a wire frame work, having a diaphragm of flannel, or some similar material stretched over the top of it, on which to evaporate the anesthetic, but open at the sides, would be very good; but a piece of lint, or the corner of a towel, properly used, would do as well. A graduated drop-bottle is necessary in any case, as only a small quantity of chloroform should be poured on at a time, which requires to be frequently renewed. For the administration of ether, Ormsby's inhaler seems to me to be the best; it was designed to fulfill the requirements just mentioned, and I have found it to answer admirably. There is only one other point I will now mention, and that is the importance of watching the respirations during the process. To do so properly, of course the epigastrium must be uncovered. It is of much greater value than feeling the pulse, since, when the latter stops, there is, as a rule, an end of the patient. Mr. Lister has very ably insisted on this. However, I have found it generally neglected at King's College."

THE annual meeting of the American Surgical Association will be held in Cincinnati on May 31st, June 1st and 2d, under the presidency of Prof. S. D. Gross.

Medical Societies.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

The Pathological Society of Philadelphia met Thursday evening, April 12, 1883, with Dr. M. O'Hara in the chair. Dr. Guy Hinsdale presented three aneurisms and a specimen of fracture of the base of the skull.

Case I. *Aneurism of the arch of the aorta.* Wm. G., a fireman, aged forty-four, was admitted to the Episcopal Hospital, September 16, 1881, suffering from pneumonia of the right side associated with signs of pleurisy. It was noticed at the time of his admission that there was a slight diastolic murmur heard at the aortic cartilage, and that no radial or ulnar pulse could be felt upon the left side. The pneumonia pursued its course till it ended in death, on the eleventh day after admission. Eighteen hours before death occurred, however, after an attack of severe pain along the course of the sciatic nerve, he suddenly became unconscious and his respiration puffing. His pupils were contracted and his left arm rigid. His pulse became at once fuller and stronger than it had been since admission, there being ninety-six beats per minute. Fifteen hours before death the right side of the face was paralyzed. The radial pulse was smaller on the right side than on the left. The right foot was cold, and the posterior labial pulse behind the internal malleolus was just perceptible. Respirations were forty per minute, and stertorous; sweat and urine profuse. Twelve hours before death, respirations fifty-seven, temperature 106.2°. The patient remained essentially in this condition until his death. At the *post-mortem* examination, upon opening the thoracic cavity, the base of the right lung was found in the second stage of pneumonia. There was hypostatic congestion of the left lung. But what at once threw light upon the later features of the case was the presence of an aneurism of the transverse portion of the arch of the aorta. The specimen shows a symmetrical dilatation of the vessel capable of recieving a large hen's egg. On examining the brain, clots, probably of embolic origin, were found in the right cerebral hemisphere, thus accounting for the paralysis which had been observed.

Case II. *Aneurism of the common and external iliac arteries.* Johann B., a farmer, aged twenty-six, was admitted to the Episcopal Hospital, October 27, 1882. His previous health was good; he denied specific history, and his habits were good. He was able to work until one week previous to admission, when he began to have pain in the feet and legs, shooting up the body to the head. His skin was yellowish, his tongue coated; his urine did not contain albumen. There was edema of the feet, and it is worthy of note that this had occurred on the right side four months before admission. His spleen was apparently enlarged; his lungs presented nothing abnormal; systolic and diastolic murmurs could be distinctly heard all over the cardiac area, but most clearly at the right second cartilage, and transmitted over the left subclavian and carotid vessels. The heart was considerably hypertrophied.

Six weeks later the attacks of pain in the right thigh and side, to which he had been subject ever since admission, became more frequent and severe. The murmurs at the aortic valve were systolic and diastolic, low, soft, and confused. A distinct thrill was now felt; heart's impulse quick and trembling.

About one week before death a swelling occurred in the right parotid region, extending to the cheek and the lower jaw. Subsequently a discharge, thin and purulent, took place from the ear, and the patient became unable to protrude his tongue. The edema of the right leg returned and increased daily, extending up to the body, the whole leg being about three times the bulk of the other. The aneurism grew with great rapidity; the distension of the vessel and the overlying structures gave rise to the greatest pain. The patient was unable to lie down, and was always found in the sitting posture. The mind was clear up to the day of his death, which occurred two months after admission.

At the autopsy, upon opening the abdomen, the aneurism was found very prominent, occupying the right side of the abdominal cavity, extending from the concavity of the liver to Poupart's ligament, a distance of about nine inches. The aorta bifurcated at the upper border of the fourth lumbar vertebra, the tumor arising from the common iliac artery one inch from the aorta. Its whole anterior surface was covered by peritoneum. The right kidney was elevated, lying upon the tumor's upper surface, the ureter passing over the convexity of the tumor and to the inner side. The psoas muscle and crural nerves were displaced and stretched to the outer side of the aneurism. The femoral artery emerges from

the tumor one inch above the origin of the profunda. Upon opening the sac a second sac was found within. No rupture had taken place. The cavities of both sacs were found filled with clots in various stages of organization. The walls were leathery, and large flaps of organizing clots were found attached to them. There was also *post-mortem* coagulation. The line of the blood-current could be determined by the passage of a catheter. This was found, both from above and below, to skirt the inner side of the tumor, and to pass through a comparatively short channel in its interior. Three of the bodies of the lumbar vertebra were slightly eroded. The heart is hypertrophied, its weight fifteen ounces. The mitral valve is normal, but the aortic valve shows exuberant vegetations which impede its action and which are very friable. The specimen presented embraces the heart, the aorta, the aneurism with the right kidney upon its upper surface, the right femoral and the left iliac arteries.

Case III. *Aneurism of the abdominal aorta and left common and external iliacs.* Mary K., aged thirty, was admitted to the Episcopal Hospital, August 26, 1882. Her mother died in confinement and her father of heart disease. She had had three children; her husband was a bar-tender, and had been treated for syphilis at a dispensary; but the patient herself denied specific history, nor were any evidences of it found. She had never been ill before. Seven months previously she had pains in her left groin; these pains extended to the abdomen, and about five months previous to admission she noticed a small tumor in the hypogastrium, which pulsated and became painful on pressure. Three months later her strength began to fail; she became delicate and lost flesh. For one month the tumor had been prominent. Pain then came on spontaneously at intervals, and she had back-ache. She became weak and took to her bed. Two weeks before admission the left leg and thigh became painful and felt benumbed, and motion grew difficult, and for a time was lost. Meanwhile the tumor increased. Upon admission she was weak. Her face showed anxiety and suffering, and had a haggard and pinched look. The organs of digestion were not interfered with. Her lungs and heart were normal. On the right side of the abdomen a tumor was felt, one inch above the umbilicus and extending from one to two and one half inches from the median line downward two inches. It was painful on pressure, pulsated distinctly, and over it a distinct systolic bruit could be heard. A distinct notch separated this from a large, hard mass in the left iliac fossa, indistinctly pulsating, immovable and not particularly painful on pressure. There was a faint bruit. In the left thigh there was insensibility to touch over the distribution of the anterior crural nerve, while pain in the left knee was often so great as to deprive her of sleep. The urine did not contain albumen. At the end of two weeks sensation was diminished on the left side as high as the edge of the ribs and in the whole of the lower extremity, excepting the first and second toes. It was impaired over the buttock. Edema of both legs occurred. The posterior tibial on the left side could scarcely be felt to pulsate.

September 13th the patient suddenly died. At the autopsy the abdomen was first opened. There was no blood in that cavity. Upon the left side, in the iliac fossa, there was a prominent tumor of the size of a cocoanut; over it lay the psoas muscle, which was spread out in the shape of a thin aponeurosis. The iliacus muscle was displaced. The psoas parvus was inserted in the tissue covering the tumor. A fusiform dilatation of the aorta was then noted. The diameter of the aneurism was three times the normal diameter of the aorta. Commencing from a point seven inches above the bifurcation, it extended downward nearly five inches. A second aneurism occupied the left iliac fossa involving the left common and external iliac arteries. It was about six inches in length and was filled with old, fibrous, laminated clots. The latter aneurism had opened posteriorly behind the peritoneum and against the iliac bone. There had evidently been ruptures previous to the one which finally caused the patient's death. There were found old as well as recruit clots outside the aneurismal walls. There was no erosion of the bones. The femoral artery was normal, and no atheroma or evidences of syphilis observed, although the woman had been exposed to infection from a syphilitic husband.

A Cincinnati medical journal, in an editorial notice of the distinguished English physiologist, Professor W. B. Carpenter, expressed surprise that he should be a member of the Unitarian Church, as among his (the editor's) acquaintances of professors of that faith he knew no one who was not a homeopathist.

Correspondence.

NON SIMILIA SIMILIBUS CURANTUR.

Editors of Louisville Medical News:

I beg leave to offer the following explanation of the case reported by your correspondent, "E. R.," in the NEWS of May 12th, without in any way "recognizing homeopathy" or appealing to the absurd theory of *similia similibus curantur.*

We have only to admit that accident No. 1 produced an inequality between the hemispheres of the brain, which was proven by the strabismus, and was sufficient to produce inequality between the motor and sensory functions of the cerebrum.

Nothing is more common than to find, in consequence of pressure on either hemisphere by blood, pus, or exostosis, a variety of alterations in the intellectual and motor functions of the brain. If both hemispheres of the brain, however, be affected equally, the action, though weaker, will be more uniform and exact.

This was, in my opinion, the condition of "E. R.'s" patient after accident No. 2, behind right ear.

The second injury, having established an equilibrium between the hemispheres, restored one or more of the ocular nerves which had lain dormant on account of the damage produced by the first accident over the opposite hemisphere. A. S.

HOPKINSVILLE, May 14, 1883.

Editors Louisville Medical News:

In the "Miscellany" of your May 12th number you do a great injustice to the Woman's Medical College, of Chicago. The number graduated at the last commencement was twenty-three (23) instead of eight. Please correct, and oblige,

Truly yours, D. R. BROWN.

[We gladly make the correction, and apologize for the error. The Woman's Medical College has our best wishes. May each of its graduating classes excel in number and excellence its predecessor.—EDS.]

GALL-STONES. — Dr. John Barclay, of Leicester, England, highly recommends two or three drops of chloroform three or four times daily in any vehicle, persevered in for two periods of attack.

Selections.

THE TREATMENT OF PHTHISIS BY IODOFORM.—Dr. Dreschfeld has continued his observations since his first communication. (British Med. Journal.) The favorable opinion then formed has been further strengthened by the results obtained. Of sixty-four cases of confirmed phthisis, more or less advanced, and concerning, to a great extent, out-patients at the Manchester Infirmary, thirty-four cases only had been under treatment sufficiently long to be available for the purposes of this communication. Of these thirty-four cases, four were in so far advanced a condition that the iodoform was only borne in the form of inhalation, but gave no results. Two cases were complicated with amyloid disease, and here also the iodoform was useless. Of the remaining twenty-eight cases, ten showed either no improvement or only a temporary improvement (increase of weight, improvement of appetite, decrease of cough and expectoration); while the physical symptoms showed no alteration at first, but afterward the phthisical process gradually advanced, and associated again with loss of flesh, night-sweats, etc. Of the remaining eighteen cases, some showed slight but steady improvement, broken only temporarily by a fresh cold or some complication, such as gastric catarrh, pleurisy, etc.; while in six cases the improvement was most marked and beyond all expectation, the increase in weight amounting in one case to fourteen pounds, in another to ten pounds, and in a third to eight pounds, in one month. The physical symptoms also improved; the sputa, however, continued to contain tubercle bacilli. The iodoform treatment was also tried in six cases of incipient phthisis. Of these, two had only been under treatment a very short time. Of the four remaining cases, two showed no improvement; one was at once benefited, cough and expectoration entirely ceased, the apex catarrh disappeared, and the patient felt now perfectly well. In the second case (reported in the British Medical Journal) the treatment was equally successful—only, however, after having been continued for a longer time. There being an almost entire cessation of cough, it was difficult to obtain any sputa; one specimen, however, was obtained, and this was found free from bacilli, while before they were found abundantly. Two cases of laryngeal phthisis, treated both internally

and by inhalation, and also locally by the application of iodoform powder to the ulcers, gave satisfactory results; the ulcers cleared and became smaller, and the general condition improved. The iodoform was given in the form of pills (one grain of iodoform, two grains of croton chloral, one minim of creasote), and in the form of inhalation (twenty grains of iodoform, twenty minims of oil of eucalyptus or ten minims of creasote, and half an ounce each of rectified spirit and of ether). The inhaler used was one devised by Dr. W. Roberts, consisting simply of horse-hair matting, to the inner side of which was attached some flannel or cotton-wool; and on this the inhalation mixture was dropped. The cost of the inhaler was about three pence. Where the pills were badly borne (especially in women) the iodoform was added to cod-liver oil. In very young children, iodoform inunction, made with olive oil or vaseline, was to be recommended; while older children seemed to take iodoform, either as powders or in small pills, very well. The good effects of iodoform seemed to consist in the following: (1) Increase of weight; (2) increase of appetite; (3) diminution of cough and expectoration; (4) diminution or even total cessation of night-sweats; (5) the temperature was often a little lowered. No symptoms of iodoform intoxication had ever been seen. Several medical men who had tried the iodoform treatment had also obtained very satisfactory results.

Case of Muscular Atrophy.—Dr. Ross showed a case of what at first sight appeared to have been an example of progressive muscular atrophy. The case was that of a woman aged thirty, and the symptoms consisted chiefly of repeated attacks of paralysis, with wasting of the muscles of the forearm and hand, alternating with periods during which complete restoration of motor power had taken place. The patient stated that this was her seventh attack, and she was now rapidly recovering. The affected muscles manifested the typical "reaction of degeneration." Her sister was similarly affected for the first time a short time ago. She was under the care of Dr. Roberts, and subsequently of Dr. Dreschfeld, and had made a complete recovery. The occupation of both sisters was that of "cotton balling," which rendered necessary a very continuous use of the hands. Dr. Ross conjectured that this case must be classed along with the cases of muscular wasting described by Sir William Gull and others, in which a cavity was formed in the central part of the spinal cord, and which, from the nature of the lesion, have been named periependymal myelitis by Hallopeau.—*British Med. Journal.*

The Picric-acid Test for Albumen.—Dr. George Johnson writes, in the British Medical Journal:

It should always be borne in mind that, in testing for albumen, the *picric acid must be in excess.* A few drops of a saturated solution of picric acid in a highly albuminous specimen will form a coagulum which is quickly redissolved. When urine contains much albumen, it should be mixed with its own volume of the picric-acid solution; and, in testing a fresh specimen, it is better to begin by adding an equal volume of the test liquid.

One difference between the picric acid and nitric acid as tests is, that whereas an excess of nitric acid, especially when the urine is heated, will entirely redissolve the previously precipitated albumen, no excess of picric acid will redissolve the precipitate which it has once found in an albuminous solution. Picric-acid solution on the surface of the urine is applicable only for the detection of a minute trace of albumen. For this purpose, in my paper read at the Clinical Society, I advise that a column of urine four inches in height should be poured into a six-inch test-tube, and upon this one inch of the picric-acid solution. The result is that the upper layer of the urine is mixed with about its own volume of the test liquid; and if albumen is present, the stained portion of the urine is instantly rendered more or less opalescent, and thus contrasts with the unstained and transparent urine below. If the picric-acid solution were allowed to flow so gently on to the surface of the urine as merely to come in contact and not to become mixed with its upper portion, the albumen, if present, would not be detected, or it would be indicated only after an interval of some minutes, when the two liquids had become mixed by slow diffusion. There must be an actual mixture in about equal proportions, and not merely contact of the two liquids, to insure the action of the test.

The slight opalescence caused by the picric-acid solution in a sample of urine which contains a mere trace of albumen is always increased by the application of heat. So that, if the flame of a spirit-lamp be applied to the upper part of the opalescent column, this will become more opaque than the

lower part which had not been exposed to heat. I now invariably apply heat to a specimen of urine which has been rendered opaque, or more or less coagulated, by picric acid; my chief reason for this practice is to ascertain if peptones ever appear in the urine. In a paper published in the Journal, March 31st, p. 614, I have shown that, whereas the albuminous precipitate with picric acid is rendered more opaque and coherent by heat, the precipitate which picric acid gives with peptones is entirely redissolved by heat considerably below the boiling point. The microscope alone would serve to distinguish the precipitate caused by picric acid with peptones, with urates, and with albumen respectively.

The precipitate recently thrown down with artificially prepared peptone appears under the microscope quite homogenous and free from solid particles; but when the precipitate, having been dissolved by heat, reforms on cooling, it seems to consist of numerous very minute, apparently globular particles, in which the so-called "Brunonian movement" is very active. The microscopic appearances of uric acid and urates are so well known as to need no description.

The precipitate produced by picric acid with albumen presents irregular clusters of granular material, which appear much larger and more opaque after the application of heat. According to my experience, a deposit of uric acid and urates is about as rare a result of adding picric acid to urine as a similar deposit caused by nitric acid; and hitherto I have met with no specimen of urine in which the presence of peptones has been indicated. A deposit thrown down by picric acid and redissolved by heat may pretty safely be assumed to consist of urates, but, in any case of doubt, the addition of Fehling's solution and the microscopic appearances will at once serve to distinguish between precipitated peptones and urates.

Reparative Surgery of the Genital Tracts.—Dr. Mont A. Pallen writes, in the British Medical Journal:

All fallings of the uterus, from the slightest prolapse to the completest procidentia, involve more or less folding of the vagina; and, should the substructure, the perineal conjunction be absent, the process of vaginal folding ultimately becomes complete inversion. I formulate the following propositions:

1. Should there be perineal laceration, even if the uterine structure and circumuterine spaces be perfectly normal, the organ, sooner or later, necessarily sinks in the pelvis, most frequently in retroversion.

2. All perineal lacerations, from a simple submucous muscular sundering (of the *transversus perinei*, *sphincter* and *levatores ani* conjunctions) to a rent that extends into the bowel, necessarily beget vaginal dislocation, primarily as a slight, later as a complete rectocele, to be followed by a prolapse of the anterior wall, causing urethrocele and cystocele.

3. Urethrocele and cystocele seldom occur spontaneously; they ensue from pressure above (very rarely), or they follow from perineal sundering or laceration. I have never seen a case of cystocele, or even much urethrocele, that was not associated with some prolapse of the posterior vaginal wall.

4. All operative procedures for the *suspension of a prolapsed uterus must be directed mainly to the posterior vaginal wall*, because it arches upon the perineum below and the uterus above, serving chiefly as a column of support. The anterior vaginal wall, being straight and shorter, serves rather for the support of the urethra and bladder, and being adherent to the pubo-vesical spaces, it prevents the full bladder from rolling the uterus in retroversion.

5. Operations restoring the integrity of the perineum and posterior vaginal wall usually develop symmetrical correlations of the canal. In cases of complete procidentia, a perineum restored by plastic procedures which strengthen the recto-vaginal septum will eventuate in a permanent cure, a condition I have never seen in making operations confined strictly to the anterior vaginal wall.

These propositions assumed, I feel satisfied that very many successful issues of *perineo-vagino-plasty* prove that the theory upon which the operation was based is correct, viz., that the conjunction of the transversus perinei, sphincter ani, pubo-ischio-coccygeus, and levatores ani muscles (described, but never actually demonstrated as the perineum) is the true and correct foundation upon which the posterior vaginal wall rests, and that the *support rendered by the connective tissue in front of the rectum is but secondary, in consequence of the variable caliber of the bowel.* The anterior column of the vagina is straighter and shorter, and, as before said, mainly supports the bladder and urethra; but the posterior vaginal column, added to the masses of blood-vessels furrowing the perivaginal connective tissue, tends

to support the uterus; therefore, when the basement support of the vagina (perineum) gives way, it folds down upon itself and drags the uterus in retroversion. I would state, *en passant*, that I exceedingly doubt the efficacy of the so-called ligamentous support of the uterus, farther than the misnamed structures (broad ligaments) serve as vehicles for carrying masses of erectile tissue and blood-vessels; and that, in the healthy female, the uterine body maintains its normal plane, or it is lifted, or it is depressed therefrom, in consequence of plenitude or emptiness of these same blood-vessels. Furthermore, I am disposed to think that all misplacements, except from direct or mechanical causes, depend upon fracture or destruction of the connective tissue in the circumuterine spaces because of pathological changes in the blood-vessel.

Nitrite of Amyl and Nitro-glycerine in Uremic Asthma.—Dr. A. Sheen writes, in the British Medical Journal:

Nitrite of amyl, acting, probably, through the vaso-motor nerves, relaxes the arterioles, and thus reduces blood-pressure. As it is very volatile, on the score of economy and convenience, I always carry some of Martindale's capsules in my bag, and these are very handy for immediate use. Nitro-glycerine is said to have much the same action as nitrite of amyl, and, according to Dr. Mahomed, its great superiority over amyl lies in its gradual and more lasting effect, and the more convenient manner of prescribing it, and it can be taken regularly two or three times a day, or oftener, one minim of a one-per-cent alcoholic solution being the usual commencing dose. It is also made up in chocolate tablets, each containing one hundredth part of a minim; but its action, when given in this form, is not so rapid as that of the alcoholic solution.

M. P., aged fifty-five, retired from business May 4, 1882. He had been ailing for two weeks, but had been about. He had noticed swelling of his legs toward night for two months, and his face had swollen occasionally for the last month. He had always been careless of his health, and if he got wet, an event which happened not infrequently, he would never change his clothes. He was taken suddenly ill in the evening while out walking, about a mile from home, and had to be taken home in a cab. On visiting him at 10 A.M. I found him sitting up in bed gasping for breath, countenance distressed, and of a sickly, pallid hue. Pulse feeble, temperature 98°, tongue pale and sodden, expectoration frothy with some little blood intermixed, moist *râles* over whole chest, back and front, urine abundant, clear, containing one fourth of albumen. At 2 P.M. I found his condition and posture unchanged; he could only speak a few words before he had to stop for breath. He inhaled three minims of nitrite of amyl (a capsule broken in a handkerchief). Within a few minutes his breath was easier, and he was able to recline in bed, for the first time since the attack came on, before I left the house. I then put him on nitro-glycerine, one hundredth of a minim thrice a day.

May 5th. He was lying easily in bed, breathing quietly, and expressing himself as feeling quite well; he said he was only waiting till I came before he got up. I cautioned him unavailingly that his life hung by a thread, and that he could only hope to continue it by the strictest obedience. On the sixth he still remained in the same improved condition. The next day he refused to take any more medicine, but promised to stay in the house, a promise which he did not keep. On the sixteenth he had another attack, and died quietly within thirty-six hours, the urine being loaded with albumen.

Spontaneous Fracture of the Teeth. Mr. Alfred Coleman related, at a late meeting of the Odontological Society of Great Britain, the particulars of four cases which he had met with in the course of his practice, in which fracture or splitting of teeth had occurred without any apparent assignable cause, and referred to others recorded in the society's Transactions. It had been suggested that the splitting was due to accumulation of gases in the pulp-cavity; but he (Mr. Coleman) thought it was in some way connected with the calcification of the pulp, which he had found to be a constant concomitant, and he gave some reasons in support of his hypothesis. In the discussion which followed, all the speakers were of opinion that, in these cases of so-called spontaneous fracture of the teeth, the accident was always due to some form of mechanical violence, but that the real cause was overlooked or forgotten, owing to the fact that a considerable time might elapse before any symptoms appeared to call attention to the fracture. Cases were related by Messrs. Charles Tomes, Hutchinson, and Horn, in which there had been complete absence of symptoms for periods varying

from three months to nearly two years after the occurrence of such accidental fractures. Mr. Hutchinson also suggested that the calcification of the pulps, which was generally present, was due to irritation set up by the fracture, and was, therefore, a result of the accident, and not the cause of it.

Rheumatism as a Neurotic Disease.—In the Medical News, Dr. Webster Smith communicates an interesting and rare example of a case of acute articular rheumatism occurring in a child two years and a half old. Commenting on the case, the editor observes that Dr. Smith very acutely says that the question of cerebro-spinal meningitis was considered in making up the diagnosis. The joint-changes which ensue in cases of meningitis have been described by Prof. Charcot and others. The late Prof. J. K. Mitchell advocated the neurotic origin of rheumatism, and his son, Dr. Weir Mitchell, has published many observations proving the dependence of joint-changes on spinal and nerve lesions. It is now, indeed, established that changes in the joints, which can not be distinguished from those of acute rheumatism, occur in cases of disease of and in lesions of the spinal cord, the membranes, and the nerve-trunks. This admitted, the case of Dr. Smith may be regarded from this point of view. The joint inflammation, the hyperpyrexia, the opisthotonus, and the muscular (choreic) spasms, the whole, concluding with coma, may be regarded as due to a common factor, meningitis. Whether one or the other view be taken, the case admirably illustrates the remarkable correspondence between acute rheumatism and certain spinal affections, and goes far to prove their community of origin. This admitted, acute rheumatism becomes not merely an inflammation of the fibrous tissues, but a neurotic affection.—*Medical Times and Gazette.*

Fracture of the Skull, with Conjugate Deviation of the Eyes.—Dr. George Thompson showed, at the Manchester Medical Society, March 7th (Brit. Med. Jour.), J. L., aged fourteen, who had suffered a simple depressed fracture of the skull in the left infero-postero-parietal area. The symptoms after injury were those characteristic of cerebral irritation. Consciousness was not completely recovered until six weeks after injury, when conjugate deviation of the eyes to the right was observed. This was so great as to cause both pupils to disappear behind the canthi, and made the boy practically blind. Both pupils reacted to light, and the right eye distinguished the light of a taper placed immediately in front of it. The facts seemed to Dr. Ross, who was consulted five months after the injury, to point to spasmodic deviation, and therefore to some source of irritation near the center for the movements of the eyes on the left side of the brain. The depression being near the supposed seat of irritation, trephining was suggested by Dr. Ross, and performed by Dr. Thompson. Two spicula of the inner table were found to be impinging on the brain-surface, and were removed. There was prompt improvement in the deviation after the operation, and in a few weeks it entirely disappeared.

Treatment of Floating Kidney by Fixation.—We are informed that Dr. David Newman, of Glasgow, has performed for the first time in this country the operation of nephroraphy. The operation was performed in the following manner: The kidney was exposed by a vertical incision in the right loin, immediately external to the outer edge of the quadratus lumborum, and extending from the lowermost rib to the crest of the ilium; the capsule of the kidney was opened and stitched to the edges of the wound; and two catgut sutures were passed through the cortex of the kidney, the muscles, fascia, and skin, and secured externally by buttons. The patient suffered from severe symptoms, and was treated for several years without success; but since the operation the symptoms have entirely disappeared, and she has now almost recovered from the effects of the operation, which was performed three weeks ago.

Treatment of Styes.—Louis FitzPatick, L. R. C. S., in the Lancet, says: The local application of tincture of iodine I have found, after many trials, to exert a well-marked influence in checking the growth of the stye. This is by far preferable to the nitrate of silver, which makes an unsightly mark, and often fails in its object. The early use of the iodine acts as a prompt abortive. To apply it the lids should be held apart by the thumb and index finger of the left hand (or a lid retractor, if such be at hand), while the iodine is painted over the inflamed papilla with a fine camel-hair pencil. The lids should not be allowed to come in contact until the part touched is dry. A few such applications in the twenty-four hours is sufficient, and I have

never seen a single instance in which, after this treatment has been resorted to, the stye continued to develop itself.

Incision Into and Drainage of the Pericardium.—At the meeting of the Royal Medical and Chirurgical Society, on Tuesday evening last, Dr. Samuel West related a successful case of purulent pericarditis, treated by free incision and drainage. It is the first case which has been so treated in this country. The only other recent case on record is the one by Dr. Rosenstein, of Leiden, which was described in these pages two years ago. Dr. West's patient has fully recovered. There is no deformity of the chest, and nothing but a small scar remains to remind the patient of the narrow escape his life has had.—*Med. Times and Gazette.*

General Vaccine Eruption.—Dr. H. A. Martin (New York Medical Record) reports: A lady, aged thirty-six years, and her son, aged three years, were vaccinated on February 13, 1882, while an infant, seven months old, was not vaccinated because suffering from eczema capitis. The vaccination of the mother was successful. Sixteen days after, the infant became feverish, and showed in the region of the elbows red papules, which in the next three days extended over the whole body, but were especially numerous where the eczema was located. The eruption resembled variola, but all the efflorescences were round, surrounded by a red border, and ran exactly the course of vaccine pustules. From their contents, M. vaccinated a calf successfully, and from this, further, three children with good result.

Dr. Guéniot (*Progrès Médicale*) vaccinated a child five months old which had eczema of the head, shoulders, and breast. Four days after the vaccination large umbilicated papules appeared upon the eczematous surfaces, and by the eighth day reached the number of from two hundred and sixty to two hundred and eighty, and presented the picture of a variola confluens. They were accompanied with severe itching, and great loss of strength, but ran, however, the course of ordinary vaccine pustules.

Dr. S. Kolischer (*Deutsch. Med. Wochenschr.*) vaccinated a boy sixteen years old who had eczema faciei. Eight days later, the boy showed well-marked vaccine pustules upon the left arm where he was vaccinated, confluent pustules on the face, about ten pustules upon the flexor surface of each arm and leg, two on the pubis, and two on the dorsum of the penis. These followed the usual course, and left behind them the characteristic cicatrices. The general health of the child was undisturbed. The mother of the child, whose skin was perfectly intact, contracted one pustule upon the cheek, chin, and forearm.

Blot, Serebaullet, and E. Besniés have observed similar occurrences following vaccination of eczematous children, and although the result has never been fatal, it is a question whether under such circumstances it is not better to postpone the vaccination.—*American Journal of Obstetrics.*

Bone Removed from Rectum.—Daniel Brogan, aged twenty-four, had suffered with diarrhea for three years and with passages of blood. The patient being put in Sims' position, and Sims' speculum introduced, a foreign body was discovered at the posterior portion of the rectum, within an inch of the anus. With a pair of forceps a small scale of bone, an inch in length, was extracted. *Dr. W. B. Canfield, in Maryland Medical Journal.*

Kairine.—The College and Clinical Record remarks that kairine is a recent product of the laboratory which promises to be a useful antipyretic, and, it is stated, is unaccompanied by the slightest tendency to produce local irritation. It is proposed as a substitute for chinoline, itself a substitute for quinine.

ARMY MEDICAL INTELLIGENCE.

Official List of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from May 5, 1883, to May 12, 1883.

Bartholf, John H., Captain and assistant Surgeon, the extension of leave of absence, granted April 3, 1883, further extended four months. (Par. 8, S. O. 105, A. G. O. May 7, 1883.) *Billings, John S.*, Major and Surgeon, by direction of the Secretary of War, to represent the Medical Department of the Army at the annual meeting of the American Medical Association, to be held at Cleveland, O., June 5, 1883. (Par. 10, S. O. 105, A. G. O. May 7, 1883.) *Forwood, Wm. H.*, Major and Surgeon, by direction of the Secretary of War, to represent the Medical Department of the Army at the annual meeting of the American Medical Association, to be held at Cleveland, Ohio, June 5, 1883. (Par. 10, S. O. 105, A. G. O. May 7, 1883.) *Smith, Jos. R.*, Major and Surgeon, by direction of the Secretary of War, to represent the Medical Department of the Army at the annual meeting of the American Medical Association, to be held at Cleveland, Ohio, June 5, 1883. (Par. 10, S. O. 105, A. G. O. May 7, 1883.)

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, MAY 26, 1883.

Medical Societies.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Thursday evening, May 10, 1883, Vice-president Dr. F. P. Henry in the chair.

Tympanic caries producing sub-dural abscess opening into lateral sinus. Neil D., aged eighteen, was admitted into Professor Agnew's ward in the Pennsylvania Hospital, with the following history: When he was five years of age he had measles, and since that time he has had suppuration of the right middle ear. It discharged at intervals. Two weeks previous to admission he had acute pain in his right ear, and a week later it began discharging. Has had a severe headache ever since he was first attacked. The pain was situated principally toward the front, but existed also toward the sides of the head. The discharge was profuse and offensive. He was emaciated; his face was haggard, pale, with a slightly yellowish tinge. He had an anxious expression of countenance, and altogether looked very bad. His mother says that this change occurred entirely during the two weeks prior to admission. The ear was cleansed and astringents applied; the discharge ceased in about six days. Bromide of potash failed to relieve the headache, but morphia hypodermically gave temporary relief. He held his neck stiff, with the head slightly drawn back. This increased as the disease progressed. He had nausea, and later vomited large quantities of greenish-black fluid. Three days after entrance the pains extended down the spine, into the legs, and to the under side of the arms. On the fifth day after his admission the headache and pains in the lower extremities were very severe. The discharge had almost ceased. His temperature rose to 102.5°. An ice-cap afforded no relief. On the eighth day he died.

Temperature. Day of entrance (9th), A.M., 100°, P.M., 103°; (10th), A.M., 101.5°, P.M., 101.5°; (11th), A.M., 98.5°, P.M., 102.4°; (12th), A.M., 99.5°, P.M., 100.8°; (13th), A.M., 102°, P.M., 102.5°; (14th), A.M., 102°, P.M., 105.4°; (15th), A.M., 103.5°, P.M., 102.5°; (16th), A.M., 101.6°, P.M., 102°; (17th), A.M., 99°, P.M., 100°.

Pulse. (9th), A.M., 62, P.M., 86; (10th), A.M., 70, P.M., 96; (11th), A.M., 66, P.M., 80; (12th), A.M., 68, P.M., 84; (13th), A.M., 84, P.M., 88; (14th), A.M., 100, P.M., 102; (15th), A.M., 106, P.M., 104; (16th), A.M., 136, P.M., 114; (17th), A.M., 112, P.M., 108.

His bowels moved regularly, they were not constipated.

Post-mortem examination made twenty hours after death. Skull was very thin at all points. Dura mater apparently normal. Marked congestion of the arachnoid and pia mater, more so on the right side. No evidences of thickening or other disease. Brain normal. No excessive cerebro-spinal fluid.

Region of right ear. Beneath the dura mater covering the petrous portion of right temporal bone over the middle and internal ear there was an abscess about an inch long. It communicated by a small opening with the tympanum. At its opposite extremity it opened into the lateral sinus. This was filled with pus from the point of opening to within two inches of the torcular herophili. These two inches were filled with a soft black clot. Below the point of opening to the jugular foramen there was thick pus and a partly decolorized clot, much firmer than the one extending in the direction of the torcular herophili.

Remarks. The congestion was active and passive. It was most marked on the surface of the brain. The large veins were not distended and there was consequently no excess of fluid.

The patient's mind was clear to the last. The most marked feature of the case was the emaciation, which was very rapid. An interesting point in connection with the case is the cause of death. It seems to have been due to the entrance of pus into the circula-

tion, in other words it was probably a case of true pyemia. He had two marked symptoms of pyemia, the sallow countenance and the rapid emaciation. Besides these he had the vomiting. He never had the slightest chill or the sudden rise and fall of temperature, both so marked in cases of pyemia. Sweet breath and any external abscesses or lung affection were also absent. I was unable to examine the other organs.

Bright's disease. Dr. Frederick P. Henry presented specimens of lungs, heart, and kidneys.

The organs upon the table were taken from a typical case of chronic parenchymatous nephritis. The kidneys are slightly enlarged, extremely pale, with marked arborescent vascularity of the surface and with non-adherent capsules. In fact, they represent one of those instances in which the gross appearance suffices for diagnosis. The heart is slightly enlarged, its left ventricle dilated, its walls fatty, and its valves competent. This heart gave rise to no murmur strictly so called, but did produce in typical degree the sound called by Bouilland and Potain the *bruit-de-galop*. Potain considers this sound to be diagnostic of interstitial nephritis, but, for my part, I have invariably encountered it in cases of Bright's disease in which the parenchymatous affection was predominant. The lungs are congested and edematous throughout. The pleura is greatly thickened on both sides and the pleural cavaties abolished, with the exception of the diaphragmatic portion of the right side, which contains a small amount of fluid in the shape of a number of serous-containing loculi. The cause of death was edema of the lung, and the interesting question arises as to whether edema of the lungs, which is so common an event in cases of Bright's disease, may not be favored by the obliteration of the pleural cavity also commonly present in these cases; or, in other words, and conversely, whether the pleural cavity may not serve as an outlet for effusions which, but for its presence, would infiltrate the lung parenchyma.

Although my attention has not been especially directed to the point which I have just raised, and therefore I have no cases other than that just reported to bring forward in its support, I think I can state, in general terms, that before edema of the lungs occurs, in cases with open pleural cavity, that cavity contains a considerable quantity of fluid. That is to say that its capacity to act as a drain to the lung-tissue is exhausted, and it does not at all follow that, for this result to be produced, the pleural sac should be *distended* with fluid. In fact it would seem that a moderate amount of fluid in the pleural sac may be sufficient to exhaust this conservative power, and this amount varies with the state of the pulmonary circulation. The view just advanced is in complete harmony with what we know of the physiological function of lymph spaces, among which the large serous sacs are reckoned. The last volume of our Transactions (vol. x) contains a paper upon pleural effusions, in which I argued at considerable length that any cause which interfered with a proper expansion of the thorax would lead to congestion of the pulmonary capillaries, thereby favoring pleural effusion. The results of capillary congestion vary in different systemic conditions. In Bright's disease, owing to the altered state of the blood, the result is edema, that is, a serous infiltration of lymph spaces. Effusion into the serous investment of organs, such as the lungs and heart, is conservative so far as concerns the parenchyma of these organs. The practical result of these considerations is that edema of the lung in cases of Bright's disease is favored by pleuritic adhesion, and secondly, that edema of the lung may perhaps be averted by the timely performance of paracentesis.

Myxomatous tumor of the subcutaneous cellular tissue of the chest. Presented by Dr. MacConnell.

The specimen was removed by Dr. Allis at the Jefferson Hospital clinic one week ago. The patient was a man, aged sixty-three years, who stated that six years ago he had been struck on the side of the chest by a box at a spot corresponding to the site of the tumor. The growth commenced shortly after this traumatism, and at the time of the operation was of the size of a pecan-nut. The microscopical appearances were somewhat the same as those presented by the specimen presented for him by Dr. Nancrede in December, 1882. The present specimen very beautifully illustrates the transitorial stages of the fetal development of blood-vessels, such as budding, etc. Abundant yellow elastic tissue is also seen. The cells are but faintly stained with picro-carmine, owing to the highly refractive substance of the growth (nurein) rendering the coloring of the nucleus indistinct. Dr. MacConnell thought that the apparent rarity of similar growths was due to the use of alcohol for hardening purposes. If such a re-agent be used only the appearances of a young connective-tissue growth will be detected.

Miscellany.

Popular Fallacies in Regard to Ventilation. — Prof. Charles R. Dryer, M.D., in Fort Wayne Journal of the Medical Sciences:

The importance of educating the people as to the care and preservation of health and the rearing of children can hardly be over estimated. The work of such education devolves largely upon the physician. The neglect of this duty, though common, is not on that account more pardonable. It may be of use to call the attention of the profession to a few important points.

The first and great popular fallacy in regard to ventilation is, that it needs no special attention. This is a more serious error among the well-to-do than among the poorer classes, inasmuch as the houses of the former are more nearly air-tight. With solid brick walls, doubled, sashed windows, weather-stripped doors, and a base-burning coal stove, the exclusion of pure air is carried to the utmost extent. This condition is happily somewhat relieved by the use of open coal grates. But how many fine houses does the physician enter without noticeing the close, foul odor, and the stifling air which comes from overheating and poor ventilation? In such rooms he finds nervous, headachy women, and pale, irritable children, suffering from colds the winter through. Such families need judicious instruction, that respired air contains one of the most virulent poisons known, and that dry and overheated air is debilitating and irritating, leaving the mucous membranes sensitive to be inflamed by every breath of the natural atmosphere.

The second popular fallacy is, that the poison of respired air is carbonic acid. This is an example of superstition or the "survival" in science of an idea long after it has been proved to be false. It is perpetuated in school text-books and popular treatises innumerable. Indeed, correctness of statement upon the subject is the rare exception, gross error the rule. Carbonic-acid gas is no more poisonous than water; animals immersed in it die just as they do if immersed in water, and for the same reason, viz. want of oxygen. Birds have been made to live in an atmosphere containing 35 to 40 per cent of pure carbonic acid and about an equal per cent of oxygen. Yet when the carbonic acid of *respired air* rises to one per cent, that air is a very dangerous poison.

The solution of this puzzle is, that respired air contains a very small proportion of poisonous organic matter, which is constantly exhaled from even the healthiest lungs. Its exact nature has not yet been determined. It is the source of the foul odor so characteristic of badly ventilated rooms. The air from the exit-pipes of a crowded hall darkens sulphuric acid, decolorizes potassium permanganate, and causes water or a sponge saturated with it to putrefy. This poisonous matter is produced in quantities proportionate to the amount of carbonic acid, hence the quantity of the latter is an indicator of the relative quantity of the former; and carbonic acid should never be allowed to accumulate in occupied rooms to the extent of seven tenths of one per cent.

The third popular fallacy is, that the most impure air accumulates near the floor of the room. This false idea has probably arisen from the fact that carbonic acid is more than half as heavy again as air, and can be poured from one dish to another like water. Although this is true when both gases are at the same temperature, a very little difference of temperature is sufficient to reverse these conditions. Respired air issues from the nostrils at a temperature of nearly 100° F., and is lighter than the outer air at 70° or 80°. Again, the temperature of the body is nearly 100°, usually much above that of the surrounding air. This is sufficient to create an upward current, rising from the body of every person in the room just as the heated air rises above a hot stove. If to these influences be added the more powerful action of a stove, register, or other heating apparatus, it will be understood how the impure air rises and accumulates very rapidly near the ceiling. This can be easily proved by experiment, such as placing candles at various heights: the upper one will burn much more dimly than the lower. At the same time the cooler air near the floor moves toward the stove to enter it, or to join the current rising from it.

The fourth popular fallacy is, that the outlet for impure air is best placed at the top of the room, and the inlet for pure air at the bottom. This may seem a contradiction to the third fallacy, but is not for several reasons. An opening into a cold place at the top of the room is often not an outlet at all, but simply allows cold air to drop down into the room. If it be an outlet, it is very wasteful of heat. The air of the room is heated at some expense, and then turned out of doors as soon as possible. If the inlet be near the floor, there will be a cold draught upon the feet of

the occupants of the room, and, although such an arrangement may ventilate, it will be attended with such disadvantages as to render it highly objectionable. Wherever possible, there should be an outlet near the floor into a heated flue in which the upward draught is sufficient to constantly draw the cooler air off the floor. An open fire flue is the most efficient outlet that can be devised. Instead of that, a direct draught stove, in which a door above the fire may be opened, answers the purpose admirably. The inlet may be, for pure heated air, through a register near the floor on the opposite side of the room from the outlet, or for pure cold air, by an opening directed upward behind the stove and above the heads of the occupants of the room. Thus all cold draughts will be avoided, the pure cold air will mingle immediately with the impure air near the ceiling, and the room will be equably and economically warmed and efficiently ventilated. June air may be had in January, and the children will be as merry and rosy as the street children who have nothing but oxygen to make them merry.

Good Work and Bad in Medicine.—The following graphic sketches of two types of professional workers are from a recent address of Dr. Andrew Clark, of London:

In the work of the younger members of our profession, I see, or at least I think that I see, greater care, patience, and accuracy in observation, a more rigorous fidelity in the record of therapeutical experiments, wiser caution in speculation, graver deliberation in judgment, a growing frankness in the confessions of oversights and errors, increasing severity in the sifting and testing of their own conclusions, a readier effacement of personality in the work, less unseemly eagerness for mere priority of publication, a deepened sense of the responsibilities of premature speech and writings, a rapidly abating bitterness in the conflicts of opposing views, a more robust and manlier spirit of scientific life, and less reluctance in making admission that there is no unconditional truth in the results of our inquiries—no finality in our finished work—no creed in medicine.

But, for one competent and conscientious worker there are ten incompetent and unconscientious, and who in divers ways hinder our progress and spoil our present possessions. Intolerant of the patient and painful toil of the true worker, acute in power of superficial observation, gifted with a certain showy versatility, quick at catching hold of new ideas, ingenious in guessing, crude in experiments, loose in therapeutic trials, hasty in speculation, strong in dogmatic assertions, accomplished in the transfiguration and use of other men's work, finding what they want wherever they seek, unhindered by difficulties, facile in speech, ready in writing, thirsting for notice, such men, now, alas! not uncommon in medicine, beget papers so quickly that they can have no necessary relation to time, observation, or thought, and flood our literature with their unworthy if not unveracious lucubrations.

The favorite hunting-ground of such men is therapeutics, and their favorite sport is the catching of new remedies, the putting of them to new uses, and the setting forth of their successful results. These men discern no difficulties, and have few failures; they can illustrate their successes by scores of cases, and explain them by the most ingenious theories. There is scarcely any limit to the extent or the variety of their achievements; and, as they flaunt along in the fullness of self-satisfaction, they look down with pitying condescension upon those in the strait and narrow way who conscientiously toil with small success in seeking after truth, but who, nevertheless, missing the praise of men, find strength and solace in the sacred search.—*Medical Record.*

We publish with pleasure the following:

To the Members of the Regular Medical Profession in the State of New York:

Gentlemen: Representing a large number of physicians associated to uphold the National Code of Medical Ethics, we beg leave to ask you to consider the importance of this object.

The so-called New Code, recently adopted by the Medical Society of the State of New York, sanctions fellowship by means of consultations with all practitioners who are "legally authorized to practice medicine." This sanction extends to practitioners who have adopted designations intended to distinguish them as belonging to sects apart from and hostile to the regular medical profession, and who are organized in order to lessen public respect for this profession and for its members. Will you not seriously consider the question, whether, under these circumstances, affiliation by any act with sectarian or irregular practitioners is consistent with a due regard for the honor of the profession, or with a proper sense of self-respect?

The New Code has dissevered all connection, by representation of the Medical Society of the State of New York and its auxiliary County Medical Societies, with the American Medical Association, and also with the medical societies of the several States of the Union. At the last meeting of the American Medical Association (1882), the Judicial

Council decided as follows: "Having carefully examined the Code of Ethics adopted by the New York State Medical Society at its annual meeting in February, 1882 (as furnished by the secretary of said Society), the Judicial Council find in said code provisions essentially different from and in conflict with the Code of Ethics of this Association; and, therefore, in accordance with the provisions of the ninth by-law of the American Medical Association, they unanimously decide that said New York State Medical Society is not entitled to representation by delegates in this Association."

The following is the by-law referred to in the foregoing decision: "No State or local medical society, or other organized institution, shall be entitled to representation in this Association that has not adopted the Code of Ethics, or that has intentionally violated or disregarded any article or any clause of the same."

We submit for your consideration, that the substitution of the New Code for that adopted by the American Medical Association has inflicted upon the medical profession of this State a great injury and disgrace.

It is believed that the recent action of the New York State Medical Society in relation to the Code of Ethics is not sustained by the sentiment and judgment of the great majority of the medical profession in the State. But even granting that they who are opposed to this action are in a minority, it must be admitted that the number is very large. The effect of the action of the State Society, if persisted in, will be a division of the profession of the state into two parties. In view of the evils which can not but follow such a division, and the many advantages of harmony, we appeal most earnestly to those who have been led to approve of the substitution of the New Code for that of the National to reconsider the matter; and we solicit the active coöperation of all who are in favor of the National Code in concerted efforts to effect, as speedily as possible, a reversal of the action of the Medical Society of the State of New York at the annual meetings in 1882 and 1883.

Communications from societies and individuals who are in sympathy with associations for upholding the National Code of Medical Ethics, and resisting any modifications of that code which do not emanate from the American Medical Association, may be addressed to John H. Hinton, M.D., No. 41 West Thirty-second Street, New York City. (*Signed*) Abram DuBois, M.D., J. W. S. Gouley, M. D., Wm. T. Lusk, M.D., Austin Flint, M.D., John H. Hinton, M.D., Samuel S. Purple, M.D., Austin Flint, Jr., M.D., Samuel T. Hubbard, M.D., T. Gaillard Thomas, M.D.

THE ANNUAL EXODUS FROM THE CITY, AND ITS RELATION TO DISEASE.—The following is from the Medical Gazette:

"Of all the good things in the good world around us,
The one most abundantly furnished and found us,
And which, for that reason, we least care about
And can best spare our friends, is good counsel, no doubt."

If the portion of our population who at the first approach of the hot weather of summer abandon their city habitations and fly to the country, no matter where, so that it be out of town, were assured that in many instances they were exchanging good hygienic surroundings for bad, comfort for discomfort, and often health for disease, they would ridicule a statement so opposed to their preconceived views on this subject.

And yet it would nevertheless be true, as the experience of many a physician, many a sufferer from typhoid fever or typho-malarial fever, or malaria in any of its protean forms, which may have been induced by bad drainage, insufficient water-supply or overcrowding, can testify to.

It would be impossible to attempt to combat this desire to get away from town during the hot months, and yet it is no doubt true of those whose means can not command what may be termed the luxuries of proper hygienic surroundings—and they constitute the majority—that they would be more comfortable physically, if not mentally, in their city dwellings.

It is the province of the family physician to impress upon those over whose health he has charge the great importance of proper hygienic surroundings, and to explain clearly what is meant by this. Some common-sense advice from the family medical adviser would dispel the crude ideas held on this subject, and tend to avert many of the ills that their patients returning to town in the autumn seem inevitably heir to.

WORD-DEAFNESS AND SOUL-DEAFNESS.—At a meeting of the Physiological Society, Berlin, on March 9th, Dr. Du Bois Reymond in the chair, Dr. Wernicke gave a short sketch, reported in Nature, of the illness of a patient who fell sick, exhibiting all the symptoms of a cerebral tumor except epileptic attacks, and who manifested a disturbance of speech that was characterized by Dr. Wernicke as a "sensorial aphasia," and by others as "word-deafness." (The British Medical Journal.)

A sensorial aphasia consists, according to Dr. Wernicke, in the fact that the patients, though in possession of a large vocabulary, no longer understand the meaning of words, that they use these confusedly, so that their speech is quite muddled; moreover, they do not comprehend what one says to them at all, so that it is impossible to arrive at an understanding with them. The patient in question soon succumbed to an intercurrent disease, and it was possible to make a thorough dissection of the brain, which exhibited

a bilateral affection of the cerebral cortex at the first temporal convolution. An accurate dissection of the ears showed that the deafness that had been observed during life was not brought about by any disease of the sound-conducting apparatus, but that it was rather to be regarded as a central deafness conditioned by the disease of the cortex of the first temporo-sphenoidal convolution, in which, as Dr. Wernicke made probable so long as ten years ago, the terminal expansion of the auditory nerve has its seat. Now the local disease of the brain-cortex, and the consequent observed disturbances in hearing and speech, correspond to the manifestations of "soul-deafness" that were experimentally produced by Dr. Munk in animals by extirpation of the auditory sphere (*Hörsphäre*), and consequently establish the results of experiments on animals as true for man also. The total deafness of the patient had only set in at a later period toward the end of the disease, when the affection of the brain had passed from the cortex into the deeper structures and had destroyed the acoustic fibers. The physiological import of the above case consists in the clearly proved limitation of the disease to the first temporo-sphenoidal convolution in a case where the clinical phenomena correspond accurately to those of "soul-deafness."

Smoke Consuming.—We clip the following from the Louisville Evening Post. If the information be correct the city people throughout the world have in it a cause for rejoicing: Necessity is said to bear a maternal relation to invention, but an exception to this rule is noted in the fact that a gentleman residing in Washington, where the sight of black smoke is a novelty, has invented a system of smoke consuming which, for its simplicity and effectiveness, seems likely to meet with general favor. As it is not patented I give a description of it for the benefit of your city, which needs it. The plan is simply to convey the exhaust steam from the engine, in all large establishments where the engine is used, to the chimney, forcing it in the form of spray diagonally upward and across the chimney. This is accomplished by a perforated pipe running round the inside of the chimney, with the perforations so set as to throw the spray upward to a common center. This sheet of spray, with which the smoke constantly comes in contact, it is said causes the carbon and other matter arising from imperfect combustion to fall back into the furnace, where it is consumed, only a colorless gas finally escaping from the mouth of the chimney. The system, it is claimed, also aids in regulating the draft of the furnace, and proves a fuel-saver as well as a smoke-consumer. As the establishments which are provided with steam-engines are practically the smoke producers, it would appear that this simple plan may prove really valuable, both as a smoke-consumer and fuel-saver.

Photography and Pock-marks.— Dr. Hermann Vogel, in his work entitled "The Chemistry of Light and Photography," published in the International Scientific Series, states that there are faces with little yellowish specks that do not strike the eye, but which come out very dark in photography. A few years ago a lady was photographed in Berlin whose face had never presented specks in photography. To the surprise of the photographer, on taking her portrait, specks appeared that were invisible in the original. A day later the lady sickened of smallpox, and the specks, at first invisible to the eye, became then quite apparent. Photography in this case had detected before the human eye the pock-marks, very feebly tinged yellow.—*Lancet.*

Fatal Sea-sickness.—At a inquest held by the coroner at Plymouth on the body of a poor girl, an emigrant from Ireland, who died of sea-sickness between Cork and Plymouth, it appeared that deceased was attacked with sickness soon after leaving Cork, and became quite prostrate. The ship's surgeon was called to her, but was unable to induce her to take brandy, and she died. The house-surgeon at the Plymouth Hospital, who made a post-mortem examination, stated that the girl's heart was weak, and excessive vomiting was quite sufficient to have brought on a fatal attack of syncope. *Med. Times and Gazette.*

A Mild Diagnosis.—An oculist, after describing his patient thus, "John F., of Colorado, aged sixty-six years, Irish and German descent, blue-eyed, was led into my office June 20, 1883," proceeds as follows: Diagnosis—*Pannus, symblepharon, leucoma, ankyloblepharon, lagophthalmus, and entropion*, besides an obstruction of the lachrymal ducts. He was cured by syndectomy.

"Care keeps his watch in every old man's eye.
And where *care* lodges sleep will never lie."

The Louisville Medical News.

Vol. XV. SATURDAY, MAY 26, 1883. No. 21.

LUNSFORD P. YANDELL, M.D., - - }
L. S. McMURTRY, A.M., M.D., - - - } Editors.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITORS OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

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THE AMERICAN MEDICAL ASSOCIATION.

The approaching meeting of the National Association in Cleveland, beginning on June 5th, will be of the greatest importance and interest to American physicians. There are evidences that the attendance will be unusually large and thoroughly representative. The work for the various sections has already received much attention from the respective officers, and doubtless this essential feature of the proceedings will be rich in valuable scientific work. Indeed the real work of the Association is done in the various sections, and here are displayed the best efforts of the earnest workers in American medicine. The omnipresent and irrepressible member who is ever ready to address the chair in the general session upon some change in the by-laws or to offer a resolution of thanks rarely engages in the work of the sections.

The most important matter of general concern will doubtless be the contemplated change in the method of publishing the transactions of the society. The movement contemplated for several years past has now assumed tangible form, and the Association will have presented to it for approval or disapproval practical and completed plans for the publication of a weekly journal. That such a change in the society's publications is desired has been virtually decided in advance by the pledges received by the Board of Trustees intrusted with the plan and method of establishing the journal. The board will report upon the most minute details of the publication, and will submit such arrangements that, if the Association so decides and orders, the journal will be issued immediately. Upon some features of the board's contemplated report its opponents have already been heard. This of course was anticipated, and doubtless will have the usual effect of strengthening the recommendations of the board in the opinion of the great body of the profession.

The advantages to be derived from a change in the mode of publication of the proceedings are many and strong. The volume containing the proceedings of the meeting at St. Paul, in June last, was issued in April of the present year, and is distributed only to members. When it is known that papers and discussions will be given quick and wide-spread circulation in the columns of a great weekly journal, the influence of the change upon the Association's proceedings will be apparent. It may be confidently presumed that the ethical question, which has been agitated so energetically in one locality of the United States, will not become a disturbing element in the approaching session of the National Association. The profession in all the States of the Union except New York is too thoroughly united in sentiment and purpose to be disturbed by a local discussion, the purposes of which have from the beginning been quite well understood by the profession at large.

We would urge upon all our readers, who desire a pleasant, instructive, and profitable trip, to attend the approaching session of the Association at Cleveland. The arrangements are excellent; the papers and discussions will be able and instructive; the social features delightful, and the influences healthful to body and mind.

White lead paint in erysipelas is as efficacious as it is in burns, it is said.

THE MEDICAL SOCIETY OF LOUISVILLE.

It is with no ordinary pleasure that we announce that the profession of Louisville has organized a general and representative medical society. Some weeks since we called attention in these columns to the necessity and advantages of such an organization. Surely the want has been "long felt"; and it has been a regret at home and a reproach abroad that the profession was apparently content to be without the advantages which accrue from a well-conducted medical organization. As mentioned heretofore, the profession of this city is composed of members quite the equal in scientific attainments and native ability of our brethren in any part of the Union. Long a center of medical instruction, thoroughly active and enterprising, the absence of a working medical society in Louisville is anomalous as well as detrimental to the best interests of the profession collectively and individually.

With hearty unanimity the Society indorsed the recommendation of the Committee on Organization, that the code of ethics of the American Medical Association be adopted as the guide in all ethical relations. The following purposes of the Society, as announced, surely will meet with approval from all sources: "The purposes of this Society shall be the advancement of medical science; the improvement of its members in scientific knowledge; the elevation of professional character; the cultivation of amity, and the maintenance of harmony among its members, and the promotion of the efficiency, honor, and interests of the medical profession of Louisville."

We venture a word in the way of suggestion. The more the Society confines its attention to its proper field—the joint cultivation of medical science and good fellowship—the better it will be for the prosperity of the Society and the common good of the profession. Again, the very existence of the Society from the beginning must depend upon mutual concession in all minor matters and amiable co-operation in all its great and good purposes. The gentlemen who are most active in the establishment of this organization are well-known earnest and representative men, and we trust and believe that, avoiding the errors of the past, inspired by the most laudable motives, and confiding in that *esprit de corps* which has always characterized the profession, they will accomplish a great work in the interests of medical science and the medical profession in Louisville. Now let us have harmony, courtesy, and the sacrifice of personal preferences in minor matters for the common good of all.

ON THE ADMINISTRATION OF ANESTHETICS.

The numerous reported cases of death from the use of anesthetics, both in this country and in Europe, continue to invite most earnest attention to this important subject. Indeed the very diversity of opinion respecting the choice of anesthetics, as manifest in the practice of the most eminent surgeons, is quite sufficient to indicate the unsettled state of the professional mind upon this question. The announcement during the last year of two deaths from chloroform, in the hands of two prominent Southern surgeons, Dr. Kinloch, of Charleston, and Dr. Hunter McGuire, of Richmond, has, doubtless, detracted from the favor in which chloroform is held in the South and advanced the popularity of ether as a safer agent, though not so prompt in its effects. In the North and East ether has long held undisputed sway and, with a few exceptions, has enjoyed a higher degree of confidence.

It is now beginning to be observed by the profession generally that there is something of very material importance in the *manner* in which anesthetics are administered—that there is an anesthetic art deserving careful study and application in practice. It is not an uncommon observation to see the administration of the anesthetic intrusted without discrimination to an assistant, who

holds the paper cone carelessly over the patient's face and watches in the meantime the various steps of the operation. Can it be wondered that, in a process involving such essential physiological functions, dangerous and alarming symptoms arise under these circumstances? Unquestionably, the administration of the anesthetic should receive the undivided attention, during an operation, of one who has by study and training acquired a knowledge of the proper method of administering the agent, and who, in circumstances of danger, will be prepared to act promptly and intelligibly in his efforts at restoration.

As germane to this subject we would direct attention to the following experience recorded by Dr. Wm. Goodell, of Philadelphia, in the course of a recent paper giving a year's experience in ovariotomy:

> One of the chief lessons I have learned from my experience during the past year is to administer ether. Hitherto I have, in common with most American surgeons, given this anesthetic by a closed cone, in such a manner that the patient breathed her own air over and over again. I am now disposed to think that this is a very unsafe mode, and that to it is due, in a large measure, the alarming prostration of the patient while undergoing the operation. For instance, among the twenty-five cases of last year, cases 70, 71, and 82 presented such profound symptoms of shock that the operation had to be suspended until hypodermic injections of brandy and of ether were made, and some degree of reaction had set in. In cases 70 and 71 it was indeed with great difficulty that the women were kept from dying on the table; while case 85 clearly died from edema of the lungs. Now, I do not find such alarming symptoms referred to in any reports of cases by British operators. I am therefore forced to the conclusion that either under the strain of rivalry they do not operate in very desparate cases or their mode of administering anesthetics is a safer one than ours. Fully impressed with this idea, I have lately been using Dr. Allis's improved inhaler, and have thus far found it to act promptly, safely, and economically.

The observations here made are very important, and the suggestion is based on sound and undisputed principles. That the air mixed with the vapor of ether should be pure, and the whole free from carbonic-acid gas and other products of respiration, is of the utmost importance. That this condition is impossible in the ordinary mode of exhibiting anesthetics with a paper cone and towel is evident. The inhaler referred to by Dr. Goodell was devised several years since by Dr. Oscar H. Allis, of Philadelphia, whose contributions to surgical knowledge and practice are invariably original, practical and valuable, and is as simple as it is efficient. The writer has used this inhaler for administering ether during several years, and can add his personal testimony concerning its value to that given by Dr. Goodell. By a very simple and economical arrangement a number of layers of bandage furnish a large evaporating surface, which permits the ingress of pure air and egress of respiratory products, and secures prompt anesthesia. More careful attention to the method of administering anesthetics will unquestionably remove much of the danger which now surrounds the exhibition of these agents. That ether is the safer agent seems beyond question, and that under the proper care in its administration it is prompt and efficient is equally true. More attention to the details of its administration is now the point deserving special notice.

EXPLORATION OF THE BLADDER.

In cases of disease of the bladder involving obscure points of diagnosis, Sir Henry Thompson resorts to digital exploration. He makes a limited incision in the perineum, extending to the membranous urethra, which permits the index finger to reach the neck of the bladder. Then by supra-pubic pressure, under anesthesia, the whole interior of the bladder is examined with the finger. This operation was practiced long ago in obstinate and difficult cases of stricture and retention; but we are not aware that it has hitherto been practiced as a diagnostic measure. Such an examination can only be satisfactorily made when the abdominal muscles are thoroughly relaxed by anesthesia. In six cases this surgeon discovered and removed a vesical tumor of considerable size.

Bibliography.

A Dictionary of Medicine, including General Pathology, General Therapeutics, Hygiene and the Diseases peculiar to Women and Children. By various writers. Edited by RICHARD QUAIN, M.D., F.R.S. New York: D. Appleton & Co. 1883. 1 vol., 8 vo. Pp. 1816.

The first impression one receives on glancing over this grand work, which is more an encyclopedia than a dictionary, relates to the immense work its preparation has entailed. For the accomplishment of such a task, not only is great scholarship and ability required, but also indomitable energy and industry, together with executive ability of the most comprehensive character. The accomplishment of this immense undertaking in a manner so admirable and complete can not but elicit for the distinguished editor, Dr. Richard Quain, of London, the highest admiration of medical scholars throughout the civilized world. With rare good judgment and discrimination, Dr. Quain has selected, as his aids in this work, men who are well known as investigators upon the special topics of which they write. The list of contributors embraces many of the ablest teachers and authors of Great Britain. Among them we find the names of Paget, Jenner, Thompson, Wells, Murchison, Bastian, Roberts, Buzzard, Grainger Stewart, Hutchinson, Playfair, and Bristowe. But the editor has not confined himself to his own countrymen for aid, since in the list we find the names of Baumler, of Freiberg; Binz, of Bonn; Brown-Sequard, of Paris, and Joseph Jones, of New Orleans.

This work is such a complete store-house that it is almost impossible to give in a brief notice any just and accurate idea of the extent and value of its contents. Here is a work in one volume which contains, in accessible and concise form, the results of the most recent investigation and advanced thought upon all the important subjects of general pathology, general therapeutics, hygiene, and the diseases of women and children. From such eminent authority as Grainger Stewart may be learned the results of recent investigations on Bright's disease; from C. Theodore Williams the most advanced views on phthisis; from J. Henry Bennett may be learned the effects of climate upon disease. Upon diseases of the heart and kidney and liver, as well as upon general diseases, are here to be found the latest ideas fresh from the brain of those who by special qualification are best fitted for the work assumed. The great subject of diet is treated in an able manner by Dr. Pavy; contagion and all its interesting problems by John Simon, and insanity by J. Batty Tuke.

The work is encyclopedic in character, grand in conception, and magnificent in execution. To the busy practitioner, and also to the student and medical scholar, it will be most welcome. One can not read any of its eighteen hundred and sixteen pages without being impressed with the high scholarship, scientific ability, and practical knowledge displayed in its preparation. It is at one and the same time practical and philosophical, and surpasses any similar work known to the profession. It required bold enterprise to undertake such a work, and untiring energy and industry to accomplish it. The book is printed in all the care and excellence which characterize the typography of the Appletons. It is bound in half-morocco and costs eight dollars, delivered. It is sold only by subscription. Mr. Z. F. Smith, No. 25 Courier-Journal building, Louisville, is the manager for D. Appleton & Co., for both Kentucky and Tennessee, and will deliver Quain's Dictionary, on receipt of the subscription-price, to any one desiring it.

The Medical and Surgical History of the War of the Rebellion. Part III, Vol. 2, Surgical History. Prepared under the direction of Joseph K. Barnes, Surgeon-General, United States Army. By GEORGE A. OTIS, Surgeon, United States Army, and D. L. HUNTINGTON, Surgeon, United States Army. First issue. Washington: Government Printing Office. 1883.

Two of the three distinguished surgeons whose names appear on the title-page of this volume have passed away from earth. Surgeon George A. Otis went to his long rest months since; and while this volume, which completes the surgical part of the whole work, was being issued from the printer's office, Surgeon-General Barnes went to his final resting-place among the dead. The work is indeed monumental, and will prove more enduring than brass.

Upon the death of Dr. Otis, the completion of the work was intrusted to Dr. D. L. Huntington. The ability hitherto displayed at the Surgeon-General's office in the selection of investigators with special qualifications for certain work is quite marked in this instance. Surgeon Huntington has discharged his laborious task well. In the

preface to the volume he says: "It is hoped that its short-comings may not seriously impair or detract from the beauty and harmony of the master-piece, which must remain a living monument to the intelligent industry, perseverance, and professional learning of the late Surgeon George A. Otis.

The volume contains one thousand and fourteen large pages. The first chapter is devoted to wounds and injuries of the lower extremities, being a continuation of the subject of gun-shot wounds and regional injuries, as discussed in the preceding surgical volume of the history. The two chapters which follow are devoted to "miscellaneous injuries," and to "wounds and complications." The chapter following these is probably of more general interest than any other portion of this volume. It treats of anesthetics, and renders available for study a large and valuable collection of cases and statistical facts bearing upon the relative safety of chloroform, ether, and a mixture of chloroform and ether. The data here recorded upon this important subject are of inestimable value, and they are handled in a masterly way.

A brief historical sketch of the members of the medical staff is given; and the concluding chapter treats of the transportation of the wounded by field, railway, and water. Fifty-four full-paged chromo-lithographs and five hundred and ten engravings serve to illustrate the work in a manner heretofore unequaled in the annals of military surgery. The chromo-lithographs are superb, and the engravings on wood are up to the modern standard of excellence in this useful art. The chromo-lithographs illustrating the subject of gangrene are worthy of special mention on account of the beauty of the coloring and the fidelity of the picture presented. This work reflects great credit upon the medical corps of the army, and can be justly regarded with pride by every American surgeon.

The Student's Guide to Diseases of the Eye. By EDMUND NETTLESHIP, F.R.C.S. Second American, from the second revised English edition. Philadelphia: Henry C. Lea's Son & Co. 1883.

This is a condensed manual of Ophthalmology especially adapted to the wants of undergraduates and general practitioners, who require in accessible form the elementary principles of this growing science. It has long enjoyed a high degree of favor as a text-book and practitioner's manual. It is written in a simple and pleasing style, and exhibits thorough familiarity with the important class of diseases of which it treats. The entire work has received careful revision in this second edition, and to the author's text, Dr. William Thomson, of Philadelphia, has added a chapter on examination for color perception. We heartily commend the work to those desiring a convenient and condensed work on diseases of the eye.

The Illustrated Medicine and Surgery. Edited by Drs. GEORGE H. FOX and F. R. STURGIS.

We are in receipt of April number of the Illustrated Medicine and Surgery, a quarterly journal conducted by Drs. George H. Fox and F. R. Sturgis, both of New York. It is a magnificent quarto of twenty-four pages, and the number before us contains fifteen illustrations. They are of a high and artistic character which has only been equaled heretofore in the depiction of pathological conditions in the Medical and Surgical History of the War. The design of this magazine is to present faithfully those rare and interesting pathological conditions such as have been heretofore imperfectly understood or lost for want of suitable means of reproduction and preservation. The number before us begins with a rare and wonderful case (thoroughly typical in pathological character and unique in the extent of the lesions) of Enchondroma, by Professor W. W. Dawson, M.D., of Cincinnati. This accomplished surgeon, thoroughly original and self-reliant, delights in unraveling the knotty threads of pathogenesis as well as in demonstrating the practical features of our art in which he so eminently excels. Dr. H. G. Piffard contributes an article on barber's itch, which is handsomely illustrated. Dr. T. R. Pooley's contribution on rupture of the choroid is likewise handsomely illustrated. The last of the seven articles comprising this number is by Dr. T. T. Sabine, of New York, and treats of a rare and unique deformity of the eyelid. This journal is published by E. B. Treat, No. 757 Broadway, N. Y., and is a quarterly. It surpasses any similar serial publication heretofore offered the profession, and is eminently creditable to American medicine and American art.

MR. T. SPENCER WELLS has been made a baronet by Her Majesty. No worthier appointment could have been made.

Selections.

Diphtheria Spread by Milk.—Toward the close of last year an outbreak of diphtheria, presenting somewhat unusual characteristics, occurred at Devonport, and the Medical Department of the Local Government Board was compelled to yield to an urgent request from the town council that an investigation might be made into the circumstances attending the outbreak. Dr. H. Franklin Parsons was selected to undertake the inquiry, and his report contains many points of interest. In the first place, the outbreak differed from many others in its incidence upon persons of high social position. Members of the families and servants of professional men, and more especially of officers in the army and navy, including those in the highest command in both services, were the only class of people attacked. In but one single instance was a tradesman's family attacked, and no case is known to have occurred among the large working-class population. At the date of the inspection, the number of known recent cases of the disease was thirty-one, of which five had proved fatal. The houses in which diphtheria occurred were of the better class, mostly in elevated and open situations; and there was nothing peculiar in their sanitary condition to account for the occurrence of the disease, nor, except in a very few instances, was there a known exposure to infection from a previous case. It was observed, however, that the greater number of persons affected with diphtheria obtained their milk from a particular dairy, upon which, in conquence, suspicion had fallen. Of the twenty-nine persons who were attacked in December, all were supplied from this dairy, with two exceptions, and one of these had certainly, and the other probably, had milk on some occasions from the same source. The dairy in question has a large trade in Devonport and Stoke, supplying about 256 houses, containing 347 families; and it is estimated that the customers who fetch milk from the shop would raise the number of families to nearly 500. There are other dairies doing a large business in the same place; but their customers, with some doubtful exceptions, entirely escaped. Dr. Parsons, on visiting the farm whence the milk was obtained, found no abnormal conditions. It was noted, however, that a well had been closed at the suggestion of the local health officer, though it was explained that the water was only used for washing carts. Two men were employed in the dairy; but neither among them and their families, nor among lodgers in the same houses, could any recent sickness be discovered. The residents at the milk-shop—five adult persons—were also stated to have all been in good health; but next door a case of diphtheria had occurred early in December. In a narrow back yard behind the shop the milk-cans were washed with town water boiled in a small outhouse. From this outhouse the water-closet is divided by a partition; and, on pouring benzoline into the drain of the next house, in which the case of diphtheria had occurred, the smell was perceived in this water-closet. It seems not unreasonable to suppose that the infectious matter may have gained access to the milk by the wiping out of the cans with cloths which had hung up in the narrow, close back yard, and had contracted impurities from the atmosphere. The small proportion of customers attacked, however, shows that any contamination of the milk by infective material could have only been partial and occasional in its occurrence. In view of the special incidence of the disease upon families of the well-to-do, and of the condition of the milk-shop premises, it is suggested whether the cream, standing as it did the longest time in the shop, might not have been especially the vehicle by which the infection was conveyed; but Dr. Parsons met with no facts to corroborate this view. It is significant, however, that many of the persons attacked were constitutionally liable to sore throat. A chronic ulceration of the throat, a ragged tonsil, or an enlarged mucous follicle, would naturally afford more lodgment to infective material, and a fitter soil for its development, than a healthy and unbroken mucuous membrane.—*The British Medical Journal.*

The Mullein Plant in Phthisis—Dr. Quinlan (British Medical Journal) writes that the verbascum thapsus, or great mullein, has been long a popular remedy for consumption in Ireland. The Irish method is to place an ounce of the dried leaves, or of the fresh ones, in a pint of milk; to boil for ten minutes, and then to strain. This fluid is given warm to the patient, with or without sugar. It is administered twice a day. The taste of the mixture is bland, mucilaginous, comforting to the precordia. He reports seven cases in which it eased cough, checked diarrhea, and relieved dyspnea, but had no influence over the night-sweats.

Locomotor Ataxy.—Although we have learned much during recent years of the nature of locomotor ataxy, there is no doubt that much yet remains to be done to clear up the antecedents and all the possible consequences of this seemingly protean affection. It has been the custom to look upon the sclerosis of the postero-external column, or posterior root zone, as in the majority of cases of the nature of a primary degenerative change. Certainly it is a fact of much importance, and of much difficulty of explanation, that the posterior columns of the spinal cord should be so prone to become diseased, and so little able to recover when once affected. No doubt damage of any species occurring at the postero-external column would give rise to all the signs of tabes dorsalis, but it is of great importance to discover whether the pathological nature of the lesion is of uniform or varying origin. It is conceivable that vascular changes may be the proximate cause of the degeneration in some cases. M. Truc, in some recent numbers of the Lyon Medical, has debated the relationship which may exist between cardiac disease and locomotor ataxy. Thirty-five observations in which the association of tabes dorsalis and cardiac disease was observed, in twenty instances the aorta was the affected part, in ten the mitral, and in the remainder the alteration was vague. Appealing to the well-known laws of causation under such circumstances, there would appear to be four possible hypotheses. The cardiopathy may have originated the tabes dorsalis; the tabes may have engendered the heart disease; the two lesions may be simply coincidences; and, lastly, the changes may be the collateral results of a common antecedent. The future, no doubt, alone will be able to decide which is the true explanation. In the present condition of pathological learning the chances that the association is one of what can not be called by any other name than "coincidence," but without the adjective "mere," are certainly not small. M. Renaut is of opinion that the triple alliance in one individual of painful ataxy, interstitial nephritis, and aortic regurgitation, forms a well-marked type of disease; according to him, the valvular disease and the renal affection may be regarded as of the nature of trophic changes secondary to the tabes dorsalis, which would thus be considered to have been operative by the production of an endarteritis deformans. Profit must attach to such thorough speculation as is here presented, but the need for caution greatly increases as we thus proceed in the forest of pathological conjecture.—*Lancet.*

Erythema Nodosum with Pleuro-Pulmonary Complications.—Prof. Germain Sée terminates a clinical lecture on this subject, delivered at Hôtel Dieu (*Progrés Médical*) with these conclusions: (1) Erythema nodosum is a specific fever analogous to the eruptive fevers, and not a cutaneous manifestation of rheumatism. (2) Mild in general, it may, like other specific fevers, become complicated by affections of the respiratory organs. (3) Pleurisy is the most frequent complication, although broncho-pneumonia may occur. (4) According to published observations, this pleurisy does not seem in general to possess any special characteristics. (5) Nevertheless, in a fatal case there was noted the development of successive and distinct patches or centers of fibrinous exudations of abnormal thickness and abundance, with a small quantity of effused liquid. (6) Ordinarily, these pleuro-pulmonary complications are, like the primary malady itself, of favorable prognosis. Still, in two cases, they gave rise to a fatal termination. (7) These complications are not any more than the erythema itself of a rheumatic nature, but are due to the specific character of the disease.—*Med. Times and Gazette.*

The use of Iodine as a Stomachic Sedative.—The employment of iodine for the relief of the vomiting of pregnancy has been somewhat in vogue for a number of years. And while the success attending its use has been pointed out with more or less enthusiasm, its exact value has never been established. Dr. T. T. Gaunt (American Journal of the Medical Sciences for April, 1883) has for a number of years been employing the compound tincture of iodine, in drop doses, in nearly all forms of emesis, and reports thirteen cases of the most varied character, in all of which vomiting was promptly arrested by the use of this drug.

A Simple Method of Local Anesthesia is thus described by Dr. Cheize (Journal of Practical Medicine and Surgery): Having to remove an ingrowing nail, and being without a spray producer, he covered the toe with a pledget of lint, poured ether on it, and evaporated this by a bellows. In five minutes anesthesia was complete, and lasted while the nail was removed and the matrix seared with the actual cautery.

A Peculiar Symptom Associated with Retroversion of the Uterus.—Dr. Wm. Bain, L.R.C.P. and L.R.C.S., late senior Resident Medical Officer, St. Mary's Hospital, Manchester, writes to the British Medical Journal as follows:

A lady, with a reducible femoral hernia on the right side for some years, sent for me on account of pain in left groin, which she experienced the preceding morning after rising. The pain occurred at intervals of five to twenty minutes. It lasted but a minute, was severe and darting, and was aggravated on exertion. She felt it at a point corresponding to the external abdominal ring, and it shot down the left thigh, could cover seat of pain with tip of her finger. When I saw her the intervals were shorter and the pain increased. On palpation, nothing could be detected, nor was tenderness on pressure present. Patient was forty-eight, very nervous, pulse and temperature were normal, no gastric or intestinal symptoms, except constipation; has had ten children; last menstruated two years ago; lately suffered from leucorrheal discharge; no bladder symptoms or backache. The cervix uteri was found in close proximity to the symphysis pubis, the fundus pointing to the concavity of the sacrum, and it was slightly abraded. Having rectified the malposition with the uterine sound, I introduced into the vagina a Hodge's pessary, to prevent a recurrence of the displacement, which gave immediate, and so far (three weeks) permanent relief.

Remarks. What I wish to direct attention to is the peculiarity of the pain, its intermittent character, its site, and, I believe, its rarity. As regards the causation of this symptom of uterine displacement, the probable explanation is that the round ligaments being dragged upon by the dislcoated womb, the pain is initiated by the involuntary movements of the patient communicating an impetus to the uterus. The fact of the pain being greatly exaggerated on exertion strongly corroborates that hypothesis. Why it should be confined to the left side was, I have no doubt, due to the loaded state of the rectum pushing the uterus to the right, and thereby increasing the tension on the left round ligament. Two other interesting features of the case are that the intervals were shorter and the pain increased in severity on the second day of the occurrence. The former, I think, was due to the greater restlessness of the patient, while the latter may be explained if the deviation had been gradually produced. The tension on the uterine supports is not so great in the first or second degree of retroversion as in the third. The symptom may be of considerable importance in the differential diagnosis of any tumor in the inguinal canal.

Deaths under Anesthetics.—W. Roger Williams, F. R. C. S., Surgical Registrar, Middlesex Hospital, writes, in the British Medical Journal:

The question recently raised by Dr. Jacob and Mr. Patterson, whether the deaths during the induction of anesthesia, to which they refer, were attributable to the anesthetic agent or to the shock of the operation is highly important, though not exactly new. Prior to the introduction of anesthetics, as is well known, persons occasionally died during the performance of operations, simply from the shock.

Early last year I recorded, in the Lancet, a striking case of this kind, in which death resulted from the shock of extracting a tooth, no anesthetic having been employed. But when a person who has been anesthetized dies during the performance of an operation the question is not so simple. Then it is, as a rule, impossible to discriminate to a certainty between these two causes of death. In consequence of this difficulty the fatal result is attributed to shock in a surprisingly large number of cases, and clumsy administrators find herein a convenient harbor of refuge. Though a coroner's jury might be satisfied with such an explanation, I think the probabilities in most cases are against its being the correct one. There is no evidence to show that the induction of anesthesia predisposes to shock; rather the contrary. We know for certain that the toxic effect of anesthetic agents is of itself a sufficient cause of death, for many persons have died from this cause before the commencement of any operation; but as to the production of shock during the performance of operations on anesthetized persons we have absolutely no means of judging. How illogical, therefore, thus to attribute these deaths to a problematical cause, and to ignore the very obvious and sufficient one, of whose presence alone we can be certain!

Further evidence against the theory of shock as a frequent cause of death under such circumstances may be found in this fact: that of several persons similarly diseased, at least as many of those anesthetized die before the commencement of the operation as subsequently. Compare, for instance,

the following case, which has recently come under my notice, when the fatal result occurred during the performance of an operation, with cases when death supervened prior to any operative interference.

This patient, a female, aged fifty-two, came under treatment in an exceedingly weak and exhausted condition, with cancer of the rectum, causing incessant vomiting and other symptoms of subacute intestinal obstruction of five days' duration. Shortly after admission she was anesthetized with ether—Clover's hot-water apparatus being employed—for the purpose of opening the colon in the left loin. The bowel was easily exposed in the usual way, when the patient died suddenly before the operation could be further proceeded with.

At the post-mortem examination, twenty-one hours after death, a slightly ulcerated cancerous growth was found, springing from the walls of the rectum, three inches above the anus, and completely encircling the gut, into which it projected, leaving a passage only just large enough to admit a goose-quill. Immediately above this stricture there was a small perforation of the gut, evidently not of very recent date, since it had been completely repaired by the agglutination of some coils of small intestine and mesentery. This perforation was probably the cause of the general peritonitis observed, which also appeared to be of some standing—perhaps a week. The whole gastro-intestinal tract was full of fecal matter. There were no secondary deposits, but some of the adjacent lymphatic glands were enlarged. The surfaces of both lungs were bound to the chest-wall by old fibrous adhesions. Both were congested, especially the lower lobes. The air-passages, even to the smallest bronchii, contained fluid fecal matter, which was probably forced into them during the process of artificial respiration. The right side of the heart was gorged with blood, and contained some small fibrinous clots. The left side was contracted, and contained a little clot and some fluid blood. The valvular and muscular structures were healthy. Both kidneys were congested, but not otherwise altered. The other organs examined presented no noteworthy changes.

STERILITY IN WOMEN.—Dr. J. Matthews Duncan, in a lecture on Sterility in Women, says of its prevention and cure:

The regulation of desire and pleasure can not be passed over without some remarks. Of the moral condition of those in whom these feelings are absent, or in whom they are in excess, I shall say nothing; and this silence is not because the moral condition is either unimportant or without influence on bodily health and on sterility, but because there is little that requires to be said. The healthy performance of the function of childbearing is surely connected with a well-regulated condition of desire and pleasure; and a well-regulated condition is not a reduction to a minimum or total absence, neither is it excess. I have already said that both desire and pleasure may be, and not rarely are, entirely absent; and it is my opinion, founded partly on the distinct testimony or concurrence of married women who are examples of the evil, that an education injudiciously ascetic, as it may be called, sometimes produces this deficiency, which is a source of much disappointment and disaster in married life; and this view is corroborated by what is quite certain—namely, that by indulgence the feelings may be, and not rarely are, produced or increased. Writing on sterility, Ambrose Paré gives directions how to increase desire with a view to conception. Equally important is excess of desire and pleasure, and its reduction within moderate limits is equally advantageous. Religion, morals, bodily health, and childbearing, all combine to exalt the value and importance of moderation, and to show the evils of absence or of excess. The influence of separation of married people, or living without cohabitation for a long time—a period, say, of several months—is very widely recognized; and it is probably dependent on the increase of desire and pleasure in those who have little of either, and on the restoration of them in those who have been rendered nearly impotent by excess. This power of separation has appeared to me to be far more frequently operative in women who have had a family than in those who are absolutely sterile; and remarkable examples are not rare.

I have heard and read of, but have not personally witnessed, the disappearance of sterility after recovery from a fever; and this result is ascribed to the prolonged separation caused by the illness. The explanation may be correct, but it does not appear to be the natural one, for fevers are powerfully injurious to general health, and are known to disorder the ovarian and uterine functions.

I have already spoken of sterility as caused by marriage, especially in the young, and we know the sterility of prostitutes and the

sterility of confined animals who couple freely or excessively; and it is probable that all these infertilities may have a bond of union in their being due to excessive desire and pleasure, or to excessive sexual indulgence, or to both combined.

In animals, especially in cows and mares, the semen is described as being not rarely expelled from the vagina soon after coitus; and this failure to retain is said to be, in some cases, owing to the animal not being duly in heat. Attempts are made to cause retention by dashing cold water over the buttocks and external parts. A like failure to retain the semen is frequently complained of by women, who describe it as coming away either immediately after coitus, and without leaving the horizontal position, or only on getting up. In either case women often attribute sterility to this failure of retention, and seek a cure of it with a view to fertility. Further, I have repeatedly been distinctly informed by careful women who habitually have this disagreeable imperfection, that conception has followed the rare occasions on which they have, as they noticed at the time, retained the semen. That this non-retention is often only partial is made probable by the occurrence of pregnancies in women who describe themselves as invariably suffering from it. It is rarely complained of except by the sterile, and I believe it is rare among the fertile. I have also a very strong impression, which I have no data to corroborate statistically, that it is especially common among those sterile women who have not sexual pleasure. I know nothing that modifies this condition, but believe that the production of sexual pleasure may have favorable influence. It probably depends on the failure of the timely dilatation of the cervix uteri, and perhaps of the uterine openings of the tubes so as to admit the semen, and on the failure of the simultaneous production of a condition of increased temporary negative abdominal pressure, or of that adspiratory action of the abdomen which numerous old and recent authors invoke to explain the mechanism of fecundation; or it may depend on the failure of both of these conditions of ordinary successful coitus. Before leaving the subject I must add that the facts as to this profluvium seminis are not of the highest degree of security; for, so far at least as I am concerned, they are not more than the statements of intelligent wives. They are probably quite accurate, as they are certainly given in good faith; but it is possible that mucous discharges or glandular secretion through the ducts of Cowper or Duverney may be in some cases mistaken for semen.

Alcoholic drinking has, in addition to the general or constitutional disorder which it produces, well ascertained power, in certain cases, to induce disease of the internal genital organs. That which is most easily and distinctly made out is chronic ovaritis. It often comes and goes in the presence or absence of the cause. When it is present sterility is not always a result, but frequently so, and its cure is often followed by the disappearance of the sterility.

We have, lastly, to consider the power of various local and chiefly uterine diseases and disorders which have too much engrossed the attention of the profession hitherto. As I have already remarked, there can be no rational doubt that these local affections have a very limited scope of action; are, indeed, quite subordinate to the great causes of sterility affecting populations or classes. That they should have been the chief study of practitioners, as distinguished from statesmen or medical officers of health, is not only natural but in a sense just; for the practitioner cares not for the population or class, but for the individual. If he is to do any good to the individual it is by discovering something amiss and providing a remedy that he must work. And where is a practitioner first to look for a special cause of sterility if not in the essential organs of generation? Here he finds several diseases, only in recent years the subject of scientific investigation, so-called ulcerations, displacements, strictures, subinvolution, and others, upon which he easily founds a theory, generally a mechanical one, of the sterility, which he at once proceeds to attempt to cure. If he fails to cure that does not discourage him; for, in the present state of therapeutics, the reputation of remedies is founded more upon faith than upon evidence.

Absence of the Spleen.—Prof. Scheuthauer, of Pesth, found at the autopsy of a woman, aged seventy, that no spleen existed. The organ had not been destroyed by disease, but had never been present.—*St. Petersburg Med. Woch.*

The Treatment of Gonorrheal Warts. Mr. Miller (Ed. Med. Journ.) commends dusting with powdered dessicated sulphate of iron as the best treatment for gonorrheal warts.

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, JUNE 2, 1883.

Original.

MULTIPLE CEREBRAL HEMIPLEGIA.*

BY S. BRANDEIS, M. D.

Permit me to present this rare and interesting case. The etiological points offer nothing unusual. The case concerns a woman fifty-three years of age, who was always healthy; four years ago she passed change of life; when twenty years old she passed through variola. She has several grown children who are healthy.

The present affection seemed to commence in the spring of 1880. The first manifestation was a throbbing, tearing pain in the right side of the head, starting from the parietal region toward the occiput and ear; furthermore the right jaw, the tongue and the teeth became involved. The pains were especially severe at night, so as to deprive patient altogether of sleep. Supposing that the pain originated in the teeth, four of them were extracted, but without relief. The same pains, though less in degree, persist to the present day, and are her only complaint, otherwise she is well. In the fall of the above named year it seems that a facial paralysis of the right side took place. From the statement of the patient it can not be ascertained whether the same appeared suddenly by an apoplexy or perhaps developed gradually. It seems that her friends first discovered that her face was distorted. After that strabismus internus was added. In the course of the next year an inflammatory affection of the right eyeball, redness, and swelling of the eyelid, and lachrymation followed, with ulceration of the cornea and impairment of vision. In this condition patient presented herself to the clinic.

It must be stated that no dyscrasic cause could be traced. Syphilis, after which was carefully searched, is excluded, and likewise tuberculosis and carcinoma. A careful examination of all the vital organs, besides skull and nerves, which will be treated hereafter, gave a negative result. The respiratory and circulatory apparatus, the organs of the abdomen, the sensible and motory innervation of the extremities, the function of the sphincters present no anomaly. If you watch the moderately well-nourished patient, you will, at first, notice a complete paresis of the right face, the relaxed, pendulous appearance of the right face, flattening of naso-labial sulcus and the frontal corrugations, the inability of mimical action, blowing and whistling and showing of teeth, etc. One symptom only differed from the ordinary manifestations of ordinary facial paralysis, while in ordinary cases of that sort lagophthalmus exists in consequence of paralysis of orbicularis muscle, so as to present the eyelids half opened, we find in this case a complete ptosis in consequence of paralysis of the superior branches of the oculomotorius. Electric investigation reveals degenerative reaction in the entire sphere of the facial nerve. In facial paralysis we frequently find suspension of action even in the two branches which are given off inside the fallopian canal, the nervous petrosus superficialis, and the chorda tympani. The first of the two is a motor nerve pervading the velum palati. Its paralysis causes a relaxed condition of the uvula, and a partial cooperation of the velum at deglutition unilateral paralysis of the latter.

It is remarkable that this phenomenon in various forms of facial paralysis should appear in various modification. In one form the paralysis of the velum is distinct, in others only slight, and in a third it may be altogether missing. The cause of this modification is not clear. It may to some extent be depending upon the exact place where the nerve is exposed to the affecting cause. If the injury is inflicted after the

*Read before the College of Physicians, Vienna, by Prof. Bamberger. Translated from the *Wiener Medizin. Wochs.*, No. 5, 1883.

nerve has made its exit from the stylo-mastoid foramen, like a compressing tumor, a paralysis of the palate can not be expected, because the upper portion of the nerve is not affected. This may hold good in some cases, but again in others, for instance, in rheumatic facial paralysis, you will find a severe palatine paralysis to exist. In such cases we have to deal with an ascendant neuritis and paraneuritis, which extends upward above the foramen stylomastoidium. In consequence of the narrowness of the canal the compression becomes so much greater the nerve loses its conductive power, and this inability involves its branches. On the other hand, it is to be remembered that the palate receives branches from the fifth, tenth, eleventh, and some motor filaments from the ninth pair, so that even with a perfect inability of the petros nerve still some motion in the velum may be retained.

In our patient exists such a paralysis, though not much can be noticed if she is at rest; the uvula is somewhat crooked, as this is often found in the healthy condition. But, as soon as you cause her to make a swallowing or euphonation movement, you will find the velum and especially the right posterior arch to stay behind. The left makes a strong movement toward the median line, while that of the right side makes some feeble oscillations.

As for the chorda tympani, the same conditions exist; there are cases in which the same is involved, and again others in which no implication can be noticed. As to the function of the chorda tympani the views were divided. At present physiologists seem to agree that the same is providing gustatory branches for the anterior and lateral portion of the tongue. An interesting case described by Urbahtchelsch demonstrated that double function. It concerns a perforation of the drum-membrane, in which that nerve is implicated, so as to impair gustatory and tactile sensibility; chemical and mechanic irritation was able to produce subjective sensation of both kinds, which proved conclusively that this nerve is a mixed one, holding motory and sensory fibers.

In this one case numerous experiments have proven that the chorda tympani is in a condition of paresis. The tactile sense on the right side of the tongue is not only less than on the left side—she often failed to recognize the instrument with which it is touched, while this is the case on the left side—but even upon the application of strong-tasting objects, acid or sweet, the perception is only imperfect, she confounds objects if they are not very strong, while normal perception exists on the other side. This disturbance exists not only in the anterior and lateral portion, but likewise back to the posterior and papillæ. Gustatory perceptions produced by the galvanic current are on the right and lateral side less distinctly felt than on the left. In order to produce a perception on the right side, two elements more must be used than on the left. The posterior portion of the tongue being provided by the glossopharyngeus, and this nerve being known as gustatory, it is to be accepted that the function of this nerve must likewise be disturbed.

Another very obvious fact is the complete immobility of the right eyeball; while the left ball is readily moving in all directions, the right eye is not movable at all; this proves that the abducent and oculomotorius seem to be completely paralyzed. Besides this we find other changes, like considerable injection and tumefaction of the conjunctiva, hyperplasia and relaxation of palpebral lining, a considerable thickening and opacity of the cornea, a small cicatrix on its lower portion with occasional abrasion of the epithelium, and farther up a macula, so that only a small portion of the pupil is visible. Ophthalmoscopic examination reveals a synechia. Concerning power of vision, the same is to a certain degree preserved. Patient has a distinct perception of light and recognizes larger objects, like fingers, at a distance of two or three feet. Considering the great degree of opacity of the transparent tissues and the fact that patient can distinguish large objects distinctly, the conclusion is justified that the optic nerve is undisturbed in its function, though the dense opacity of the anterior tissues, like the cornea, and the inability of dilating the pupil forecloses an ophthalmoscopical investigation.

The right eyeball is almost insensible; it can be touched without reflex, though the touch is felt, but it produces no pain nor reflex even on the healthy eye. This reminds one of that profound anesthesia of the eyeball as is found to accompany intense affection of the fifth pair.

The majority of physiologists and ophthalmologists deny the existence of such a neuro-paralytic ophthalmia as a trophic disturbance, and explain this appearance as a defective action of the eyelids, in conse-

quence of which dust can not be removed, and the eyeball becomes dry. Without expressing a positive opinion on this subject, I should think that the inflammatory disturbance in this case may be traced back upon similar mechanical causes.

Proceeding onward, we will find that the anesthesia is not limited to the eyeball only, but that it exists over the entire sphere of the sensorial portion of the fifth nerve as the integument and mucous lining of right side of the face. Here the patient perceives the touch, especially ruder ones, but the kind of touch she is not able to distinguish, nor can she localize the same accurately. Whether something is pointed or dull, warm, cold, or tepid, she can discriminate on the right side with precision, but on the left side this ability is missing. The same appearance is present on the mucous lining of the mouth and nose. All the three sensitive branches of the fifth nerve are therefore profoundly implicated in the paralysis. As far as the motor portion of the same is concerned, the affection is manifesting itself as a considerable atrophy of the muscles governed by the same. You will have noted that the temporal region is very deep. The difference between the two temples is striking. Cause the patient to open the mouth and grasp the two masseters, you will convince yourself that the one on the left side is by far shorter and thicker than that of the right.

The patient does not masticate on the right side, but that depends more upon the fact that she has no teeth on that side, the same having been extracted. The muscular action on the left side is performed with ordinary regularity, which proves that, besides the motory portion of the trigeminus, the sensitive portion is likewise implicated.

Most remarkable is the condition of the acusticus. It took me a long time before I could comprehend the exact relations. Experiments were so often repeated that error was finally excluded. When a sounding-fork or a watch was applied to the right side of the skull, patient did not hear the sound as distinct as when applied to the left side; conduction in the acoustic is consequently lessened. But when the watch was held at a certain distance from the ear, it will be observed that the same was heard on the right side at from four to five centimeters farther off than at the left. This is certainly a paradox phenomenon, as a lessening of bony conduction would indicate an affection of the acoustic, and notwithstanding hearing by mediation of the drum-membrane is not only preserved but stronger than on the healthy side.

Probably the following explanation will answer: In some isolated cases of facial paralysis a hyperacusis on the affected side was occasionally noticed. A French physician, named Roux, noticed this on himself while suffering from this disease. This was subsequently confirmed by Landouzy and others. Dr. Lune, in Frankfort, explained it in the following manner: The stapedius muscle, which is an antagonist of the tensor tympani, receives a branch from the facial nerve. If the former stapedius muscle, in consequence of facial paralysis, is inactive, its antagonist, tensor tympani, is called into higher action. The consequence is that the tension of the membrane is increased and the sounds are better conducted to the interior of the ear. Bamberger confesses that he is not sufficiently posted on this point as to judge the correctness of this explanation; but if it is so, we can say that the patient heard better through the membrane because in consequence of its increased tension the defect in the acusticus is not only covered but even overcompensated.

In proceeding farther we find distinct manifestations as to an affection of the accessory nerve, especially of its posterior branch; in connection with this we find considerable atrophy of the muscles provided by that nerve, the right fossa supraspinata is depressed, while that of the left side is flat, and palpation showed that the trapezius of the left is at least about one-half thicker. The same is the case with the sterno-mastoideus, but the patient can carry out all the movements with the trapezius, although they are not as energetic as those on the healthy side. Their relation to electricity is that degenerative reaction. By faradization the muscle can not be affected; by galvanism only under great intensity. If the muscles are stimulated directly they contract only slowly, while on the left side the contractions are rapid and flushing.

The anterior portion of the accessory which connects with the pneumogastric is likewise affected. We find anesthesia of the mucous lining on the right side of larynx, and a paralysis of the right vocal cord. The laryngeal nerves, the superior as well as the recurrent, are branches from the pneumogastric; but recently they are not considered branches of the same, but as originally belonging to the accessory nerve, consequently we are justified in asserting that in our case

the accessory nerve is affected in both of its branches.

The opticus was already mentioned as not being implicated. The same is the case with the olfactory. Experiments were instituted with odoriferous material, and it was evinced that the sense of smell is equally strong on both sides. The great sphere of the pneumogastric nerve seemed to be entirely undisturbed, except the two laryngeal nerves they are claimed for the accessory nerve, an idea which is greatly confirmed by our case. It would be very strange that those two branches should be the only portion of the vagus implicated.

Another nerve yet to be investigated is the hypoglossus. Here we find no indication of any affection. Both sides of the tongue are equally active. All the movements are uniform and prompt. There are no disturbances in articulation. It is true, language is not very free, but that does not depend upon the hypoglossus, but is the consequence of a paralytic condition of the right vocal ligament, and still more of the facial paralysis, especially labial letters, like m, p, b, are very indistinctly pronounced, and the voice has a very dull and monotonous character.

If we now sum up all the symptoms, we find that eight out of the twelve cranial nerves are diseased, and that all of them are on the right side. Completely paralyzed are oculomotorius, trochlearis, abducens, and facialis; in a moderately high degree are affected the accessorius and trigeminus in two portions; in a lesser degree the glossopharyngeus and the acoustic.

Now arises the question, How are all those appearances to be explained; which is the starting point, and what is the cause of the disease? The answer is by no means an easy one. One thing can be asserted as positive, that it is no peripheral affection. Facial paralysis and that of the eye-muscles are frequently combined, and as such caused by rheumatic affection, but it is not known that such a cause will affect two or three nerves simultaneously. But a case where out of twelve cerebral nerves eight should be affected on one side is certainly not easily explained by that cause. One would perhaps sooner think that the cause might be found in the bones, the canals through which the nerves have to pass. Cases of that kind are known to have been observed. Von Grafe had a case under observation for twenty-two weeks in which the oculomotorius, abducens, trochlearis, and facialis, all on the right side, were paralyzed. There were some appearances leading directly to the correct diagnosis, like exophthalmus, tumefaction of the parotid, a sloughing in the hard palate. There was a foreign growth. The microscopic investigation revealed its nature to be carcinoma. At the post-mortem the sphenoid bone was found to be infiltrated, which infiltration extended to the fossa pterygopalatina and the parotid. Von Grafe, on this occasion, mentioned another case which does not strictly belong here, but is interesting for proving how, under some circumstances, a correct diagnosis is rendered difficult.

The patient was a laboring man, aged forty. He presented at first paralysis of the right occulomotor, paralysis of the right trochlearis, and at last paralysis of the left occulomotorius took place. Neither the history nor the nature of the case led toward syphilis. Nevertheless he was treated for it, under the principle that whatever can not be cured must be syphilis. The condition grew worse every day. Difficult deglutition and an unsteady gait supervened, and death followed.

Von Grafe and Romberg both treated him at their clinic, and diagnosed it as a tumor in the base of the skull. The post-mortem was made by Klebs, an undoubted authority. The entire brain and the nerves were examined with the greatest care, likewise the contents of the orbit and the bones. Finally an osteo-porotic thinning of the right sphenoid bone was discovered, an appearance which is not sufficient to explain the phenomena, and is perhaps incidental. Such cases would be apt to make a diagnostician despair if they were not exceptional. For our case a disease of the bones can be excluded, as it would have to occupy the whole space between the fossa media and the large occipital foramen. An affection of such an extent could not exist without some external manifestation. Furthermore all ground for such a supposition is missing; there is neither tuberculosis nor syphilis in the case. The idea that the process depends on some disturbance in the base of the skull is much more plausible. Such an idea I entertained myself for some time, but after careful consideration gave it up. Such an affection could explain all the existing trouble. It could easily be understood how a number of nerves could simultaneously be touched, and at the same time we know that such cases sometimes occur. But a great many serious reasons are against it. What should

be the nature of such a basilary affection? One could think of a tumor, but this is unfounded. What an immense size should that tumor have in order to compress all these nerves. It should occupy about one half of the entire base.

It must here be mentioned that the result of the ophthalmologic examination gave a direct negative result. No stasis papillæ, a condition to be necessarily expected whenever there is a tumor in the cavity of the skull. Much more reasonable was the assumption of a chronic inflammatory process, but such is never idiopathic as meningeal inflammation, but always the sequel of another primary disease, like that of bones, and was consequently abandoned.

Another circumstance points against the assumption of a basilary disease, and that is the condition of the facial and acoustic nerve. While the latter (facialis) would have to suffer a very great amount of pressure if there was a trouble on the base, we find that the acoustic, which is in juxtaposition with the former, is so little affected that the disturbance is very unimportant. Therefore, if there was an inflammatory infiltration of the meninges or tumor existing, it would be impossible that the facial nerve should be so completely compressed while the acoustic is altogether escaping pressure.

Finally, there is still another point which positively rejects the idea of a basilary affection, and that is the trophic disturbance of all the muscles which are provided by the smaller portion of the fifth and the accessory nerve. As remarked before, the trapezius is very atrophic, but the motory power has not suffered. This would be impossible in an affection of the base. If the nerve was only moderately pressed upon, it could not cause such complete disturbance in nutrition, as it is a fact that even in total paralysis it takes a long time before atrophy is established. The preponderance of nutritive over motory disturbance points evidently toward another cause than basilary affection.

Therefore, if such can be eliminated, no morbid cause but one situated in the brain itself must be recognized. One could now resort to the cortical centers, but only in order to relinquish it again, because, after all, what we understand about diseases of the brain-cortex, the same are characterized more by insulated paralysis. In such a case we find either one upper or one lower extremity paralyzed, or sometimes one nerve only, or one or another cerebral nerve, like the facial or hypoglossus alone, or combined with that of one extremity. An affection of eight cerebral nerves simultaneously could in disease of cortical substance scarcely be expected. It is further known that when the cortex is affected, especially to any extent, spasms would be present, the so-called cortical epilepsis, a condition which in our case does not exist. Some weight must be laid upon the fact that the psychical functions are intact, while there was reason to suppose that a marked change in the cortical substance of such a magnitude should be necessarily accompanied by some mental disturbance.

The last resort left to us is consequently a morbid change in the nerve nuclei on the base. This hypothesis is supported by a number of reasons:

First. Negatively, that the condition can not be interpreted from any other standpoint. *Second.* Positive, that those nuclei are so closely approximated that a great many can be touched at the same time without producing a disturbance of the intellect, mobility, or sensibility, especially since we know that an affection of that kind has been recognized and so graphically described by Duchene, under the title of glosso-pharyngeal and progressive bulbar paralysis. Finally, the most decisive circumstance is to be recognized in the relation of the trophic disturbance, which we know to be characteristic of affections of the nuclei, as in this condition the ganglia are very apt to become implicated. Almost identical conditions are known to exist in progressive muscular atrophy, which in typical cases has been found to depend on nuclear affection of the anterior gray columns. In addition we have to notice that the degenerative reaction which we found in our patient is likewise an almost regular appearance in progressive muscular atrophy.

All these reasons induce me to accept the view that the present disease depends upon an affection of the nerve nuclei in the base of the brain.

It will be pertinent to ask the question whether this is a case of progressive bulbar paralysis. This I would have to answer in the negative. The progressive bulbar paralysis is a typical process, and not a very rare one besides. The cases are easily recognized at first sight, and especially when they try to speak. The signs on the part of the tongue are very distinct. The difficult mobility at mastication, the increasing diffi-

culty, the stammering and unintelligible speech, which increases so far that the patient resorts to writing in order to give expression to his feelings; the pendulous condition of the lower lip, the increased flow of saliva, the paralyzed condition of the velum palati, regurgitation of the ingesta through the nares, the paralyzed condition of esophageal muscles, the difficult deglutition, finally the implication of the larynx, all these combined give a very characteristic typical image, but one which does not fit to our case.

Notwithstanding all this I do not doubt that we have in this case to deal with a degenerative atrophy of the nerve nuclei, which must be discriminated from progressive bulbar paralysis by its peculiar anatomical localization. The distinction relies upon the circumstance that only one side is affected in our case, while in bulbar paralysis the nerve nuclei are symmetrically affected. This circumstance alone is bound to cause a most striking difference in the symptoms, as a unilateral process will cause a much less disturbance of functions. The entire complex of symptoms could not exist combined if the nuclei of one side only were affected, as the organs concerned are arranged in pairs, and the suspended function of one side could be compensated by the other.

Another feature distinguishing our case from ordinary bulbar paralysis is the fact that the hypoglossus is not at all implicated, while the facial, which in bulbar paralysis is involved in its lower portion only, proves to be inactive in its entire extent in our case; and lastly, we find nuclei affected which are situated in quadrigeminal body like those of the oculomotori and trochlearis nerves, consequently beyond the rhomboid fossa.

It can not be disputed that the case as presented furnished an affection never yet described, at least I (Bamberger) have never seen one like it, nor does literature furnish any thing analogous.

LOUISVILLE.

A MEMORIAL tablet is to be placed on the house in Reiter Street (now Skoda Street), Vienna, formerly inhabited by the celebrated physician, Dr. Skoda. The ceremony will take place on June 13th, the day of his death. The inscription, rendered into English, is: "Dwelling-house of Professor Joseph Skoda; born in the year 1805, died in the year 1881."

Miscellany.

THE BREAD-PILL CURE OF HYSTERIA.—MM. Landouzy and Ballet, in the *Revue Mensuelle de Médecine*, give the history of an hysterical patient to which it is well to give an extended publicity, not because it presents any novel feature but as a proof of the scientific errors of those ill-trained minds which attribute the cure of hysteria to supernatural influences. An hysterical patient, twenty-six years of age, who had previously suffered from chorea, was received in the wards of the Charité. There was very marked contraction of the lower limbs, and the patient was unable to execute the slightest movement, not being even able to raise herself in bed. After one or two hypodermic injections of morphia, given at her express desire, she was told that she should have a more energetic remedy, and must use it cautiously. On October 7th, bread-pills were prescribed, and the next morning she related that, wishing to poison herself, she had swallowed the pills; at once the effect was terrible, but soon after she was able to walk a little, and eagerly asked to have another pill; this was accorded, and resulted in her complete recovery. Two days later on she helped to clean the wards. In a month's time she left the hospital.—*Brit. Med. Jour.*

NEW ORLEANS.—In his last report, M. Consul de Fonblanque states, *interalia*, that the streets are impassable during most of the winter months; the prisons and asylums are a disgrace to any civilized community; and the sanitary condition explains the constant prevalence of yellow fever. It is alleged this deplorable state of things is due chiefly to a system of municipal government which is probably the worst in the world. Every thing that is done well in New Orleans is done by private enterprise.—*London Med. Times and Gazette.*

DRAINAGE OF PARIS.—An experiment has been tried in one quarter with the pneumatic system of exhausting the sewers of their contents, and it has led to such remarkable results in the decline of typhoid fever that it is to be extended to other quarters of the city.—*Med. Times and Gazette.*

WE ask attention to our Sandwich Island letter. Dr. Enders will be our regular correspondent from these islands of the sea.

The Louisville Medical News.

Vol. XV. SATURDAY, JUNE 2, 1883. No. 22.

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L. S. McMURTRY, A.M., M.D., - - - } Editors.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITORS OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

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AN AUSTRALASIAN ABSURDITY.

Mr. J. M. Creed, L.R.C.P., etc., reports the following in his journal, The Australasian Medical Gazette, of April:

In 1848, a man named Sutton, who had been adopted into and was for some time living with the Shuarka tribe of natives in New Caledonia, offended them so seriously, by first leaving it and afterward firing on the messengers who were sent to ask him to return, that, watching their opportunity, they attacked his camp, situated upon an island a short distance outside the territory of the Shuarka chief, killed him, carried off his body and afterward cooked and ate it, as was the custom of the New Caledonians. To the knowledge of my informant, Sutton had been for some time suffering from venereal disease, and the natives told him that every man who ate of the flesh died shortly afterward, apparently poisoned.

The gentleman who gave me the above information is a person of standing in the colony, and a justice of the peace for New South Wales. He was well acquainted with the natives of the South Pacific, and especially those of New Caledonia, where he resided for many years as a trader, prior to the annexation of the island by the French. He has great tact and method in his management of natives, and they to my personal knowledge have great regard for and confidence in him. I myself am perfectly satisfied as to the strict accuracy of the foregoing singular history. The prejudices of civilization, however, render it impossible to prove by experiment whether or no the flesh of those affected with venereal disease is in all cases an active poison when taken into the stomach.

It is difficult to conceive of any thing more absurd. Vegetable poisons may be absorbed through the stomach or skin, or taken directly into the circulation with effect, but the animal poisons, so far as is known, must come in contact with the blood in order to exert their noxious influence. The poison of the rattle-snake, of the cobra, the black-vomit of yellow fever, the saliva of the rabid dog have all been swallowed by adventurous experimenters with impunity. There is no reason to believe that the poison of syphilis can do harm except it be introduced into the circulation. The sound skin is an effective cuirass against its entrance into the system; and were any quantity of syphilitic poison taken into the stomach, unless the stomach were abraded, the gastric juices would destroy it and render it inert.

Mr. Creed's communication is a fair specimen of the way medical information is made current on hearsay statement of the loosest possible character. He gives his editorial sanction to a transparent fallacy. It is not certain that Mr. Sutton was *killed* or was *carried off* or was *eaten*. He may have escaped, his body may have been lost in the bush, or he may not have been in good condition, and he may therefore have been cast aside. Mr. Creed's informant may have been mistaken in regard to Sutton having venereal disease. He does not say what venereal disease. The majority of doctors, the world over, are not competent to recognize syphilis. The laity are of course still more ignorant, and it is not likely that the Australian doctors or people know more of this subject than is known by the people elsewhere. Mr. Creed's informant was a justice of the peace. Justices of the peace are not remarkable for intelligence any where in the world. An Australian justice of the peace, we are sure, is apt to be an unreliable witness on any scientific matter. On syphilis we have no faith in his opinion. But, granting that Mr. Sutton had syphilis and was eaten by his enemies, it must be remembered that the justice of the peace says he was cooked. Cooking de-

stroys all the animal and vegetable parasites, and there is every reason to believe that cooking will destroy any animal poison. If the cannibals were killed by eating Mr. Sutton, it is probable that Mr. Sutton had grown too ripe, too gamy, too high, before he was dined upon. If the cannibals acquired syphilis from him they could only have got it by eating him underdone, having at the time chapped lips or hands or abraded buccal mucous membrane; and, had they gotten syphilis, they would not in all probability have "died shortly afterward, apparently poisoned." Theories at one time encumbered and obstructed the science of medicine. False facts, silly assertions, and unwise credulity are the great evils the profession has to contend with in this day. No man is fit to be a journalist who will admit and indorse such stuff as this of Mr. Creed's.

SCROFULA.

"Scrofula is a form of tuberculosis in which there are outward appearances of the disease, usually in the glands and joints." We take this from an editorial in the Australasian Medical Gazette. The opposite of this statement is true. Tuberculosis is a form of scrofula. Scrofula manifests itself sometimes in tubercle, sometimes in sclerosis, sometimes in hypertrophy, sometimes in atrophy, sometimes in arrest of development,. as in hair-lip, in absent limbs or organs, and sometimes in excessive production, as in superfluous teeth, breasts, fingers, toes, etc. Mr. Creed is a firm believer in the specific character and inoculability of tubercle. He says: "The chief danger, however, arises from the ingestion of milk from tuberculous animals. I have known numerous cases where it has been directly caused by this secretion." Dr. Allen S. Heath, writing from America on animal tuberculosis, says that "milk from diseased cows poisons thousands of children who are supposed to die from cholera infantum, when in fact they die from tubercles of the intestines." Here is a lot of positive, emphatic assertions which is likely to be accepted as truth by not a few people, since mankind, medical and lay, is prone to accept what is positively asserted, especially if it be in print. And yet there is probably not one word of truth in all that Dr. Heath and Mr. Creed say. It is a pity that the profession and the public can not in some way be protected against the feeble-minded medical writers of the day.

THE MEDICAL SOCIETY OF LOUISVILLE.

A NEW medical society is just organized in Louisville. It is called "The Medical Society of Louisville." A respectable minority of the profession was in favor of reviving one of the old medical societies, but the majority thought best to organize a new one. Dr. Preston B. Scott was elected president, and Drs. L. P. Yandell and Coleman Rogers were chosen first and second vice-presidents. The new society adopts the code of ethics of the American Medical Association as its guide, but ethical questions are to be referred to a judicial committee which shall have final control of them; and personal and ethical matters are not to be discussed in the meetings.

ONE thousand four hundred and thirty graduates from our various reputable medical schools this spring. What will become of them?—*Med. and Surg. Rep.*

Some will die; not a few will marry rich and grow idle; some will become druggists, some drummers, some street-car drivers; others will marry doctors' daughters, and thus get business; others by church or Sunday-school interest will secure practice; some by solid merit and honest work will advance the science of medicine, will augment the welfare of their kind and will besides fill their purses with worthily-won gold; and so the world will wag on, brother, and the good God will take care of all.

Bibliography.

A Hand-book of the Diagnosis and Treatment of Diseases of the Throat, Nose, and Naso-Pharynx. By CARL SEILER, M. D., Lecturer on Laryngoscopy at the University of Pennsylvania, etc. Second edition, thoroughly revised and greatly enlarged, with seventy-seven illustrations. Philadelphia: Henry C. Lea's Son & Co. 1883. 12mo. Pp. 295.

The province of laryngology has been so rapidly extended of late years, and has come to be so comprehensive in scope, that an exhaustive treatise upon the subject is ponderous. The several treatises which have been offered American physicians of late years, such as that of Cohen, Bosworth, Ingalls, and Mackenzie, are too elaborate in scope and arrangement for general practitioners and students. Indeed authors of works upon this class of diseases are accustomed to treat diseases of the chest, as well as diphtheria, croup, and scarlatina, as belonging to this special class of affections. The work before us is a concise hand-book upon the essentials of diagnosis and treatment in diseases of the throat and nose. We regret that our space will not permit a detailed notice of the various chapters of Dr. Seiler's work. The art of laryngoscopy, the anatomy of the throat and nose, and the pathology of the mucous membrane are discussed with conciseness and ability. The subjects of chronic nasal catarrh and chronic laryngitis are discussed with much detail as to local treatment. It is to be regretted that more attention is not bestowed upon the underlying constitutional conditions. We believe, from an examination of this work, that the author excels in the operative and manipulative branches of his specialty, and is disposed to underestimate the comparative importance of general systemic treatment and hygienic measures. In the use of instruments and apparatus he gives evidence of originality and skill. The chapters on neoplasms of the laryngeal cavity and hypertrophic affections of the throat and nose are worthy of special commendation. The work is profusely illustrated. Indeed it is altogether too profusely illustrated. We can scarcely see the author's purpose in giving place, in a hand-book of laryngology, to illustrations of the metacarpal saw, the several varieties of electric machines, and the dental engine.

Upon the whole, however, the work excels in many essential features, and deserves a place in the office of the practitioner who would inform himself as to the nature, diagnosis, and treatment of a class of diseases almost inseparable from general medical practice. With advanced students the book must be very popular on account of its condensed style and limited scope.

Inundations in Louisiana, their Influence on Health. By STANFORD E. CHAILLÉ, A. M., M. D., Professor of Physiology and Pathological Anatomy in the University of Louisiana, etc.

This paper was presented in abstract at a recent meeting of the Orleans Parish Medical Association. The author, with characteristic accuracy and energy, has made a thorough study of a subject which of late years has become one of much importance in this country. So far as we are aware, the brochure before us and a previous paper by the author, published in 1882, are the only investigations of scientific character which have been made in this country upon the effects of inundations upon the public health. Those familiar with the accurate, painstaking, and severely impartial methods always displayed by Prof. Chaillé in scientific investigation will know in advance the value of the data here recorded and studied. In addition to his own investigations, the author has, by personal letter, collected the observations of a large number of physicians living in the districts of the State which have of recent years been inundated. The data thus collected are utilized for study and deduction.

From a careful study of all the evidence relating to the influence of inundations in New Orleans upon the public health from 1718 to 1881, including twelve inundations from 1816 to 1881, the author announced in his previous papers that these inundations had not influenced unfavorably the mortality either from malarial fevers, yellow fever, cholera, or diseases generally. To these observations, which related to New Orleans and its suburbs, are now added investigations of the influence of inundations upon the public health in rural districts. From all the evidence collected the author finds that overflows do not necessarily cause any notable increase of malarial or other diseases, and they have no connection with either the cause or promotion of epidemics. Professor Chaillé belongs to that class of writers who never appear in print without something definite to say, and he always says it well. The paper before us is a valuable addition to his numerous contributions to the literature of sanitary science.

Obituary.

MRS. GEORGE F. SHRADY.

Died suddenly, April 29th, Mary Lewis, wife of Dr. George F. Shrady, at her late residence, 247 Lexington Avenue, this city. The funeral was on May 3d; interment at Woodlawn.

It is very unusual to find the obituary notice of the wife of a physician in a medical paper. In the case of our distinguished fellow townsman, who, besides surgical ability, has catered so well for the medical public in the way of journalistic enterprise, as well as having contributed remarkable cases of his own while president of the Pathological Society, persons would assume that it was a proper mark of respect due to the man. But it happens that in this instance the lady herself was so well known in a social sense to the medical public, so highly appreciated also as regards literary ability, that physicians would consider it an omission if this notice were not supplied.

The following lines are from an abler pen than our own: It is not seldom that the life-partner of a physician wields a quiet but potent influence over his whole career. Such was the case with Mrs. Shrady, whose recent death we have had occasion to mourn; and we yield to Dr. Shrady our heartfelt sympathy for him in this his hour of grief and suffering. Mrs. Shrady had not been long an invalid; and though her disease, mitral stenosis with dilatation, had been known to her family, the suddenness of the end was totally unexpected. Her numerous friends in our profession, both in and out of the city, will always remember her as a faithful, cordial, and devoted friend, and in her loss they will feel that they have been bereft of a comrade.—*The Planet.*

[Dr. Shrady has our profoundest sympathy. Words are without power of consolation in such a time. The victory of death is complete, and the poison of its sting lingers while life lasts.]

FEHLING'S TEST TABLETS.—A specimen of these articles has been furnished us by John Wyeth & Bro. They form the most convenient possible sugar-test. Each tablet is to be dissolved in a given quantity of water, which then gives the officinal (U.S.P.) solution of potassio-cupric tartrate. They are reliable, and keep well.

Correspondence.

OBSERVATIONS IN THE SANDWICH ISLANDS.

[FROM OUR SPECIAL CORRESPONDENT.]

Thinking perhaps a few lines from this distant land in the midst of the Pacific would be of interest, I send you greeting. You are now, doubtless, experiencing your first spring days after your months of cold and snow, while we enjoy one unbroken spring. During the months of December, January, and February we have more rain, and these we dignify by the title of winter months, but the thermometer rarely ever falls below 60° Fahrenheit or goes above 80°.

Both the North and South Pacific, taking the equator as the dividing line, are remarkable for the numerous groups of volcanic and coral islands with which they are studded, and they constitute a distinct portion of the globe now generally known as Polynesia, but to which French geographers have given the name of Oceanica. Some of our modern writers, however, limit the designation of Polynesia to those islands only which are inhabited by a light-colored race of people allied to the Malaysian and all speaking dialects of the same tongue. Under this division they include New Zealand, the Sandwich Islands, Marquesas, Friendly and Navigator groups, together with the Society, Harvey, and Austral islands; and to New Guinea, the Admiralty, and Solomon groups, New Hebrides, New Caledonia, and Fijis, all of which are peopled by dark-skinned, crisp-haired tribes styled Papuans or Austral Negroes, they give the name of Melanesia, while the Ladrone Islands, together with the long belt of low coralline formations lying to the north of the equator and east of the Philippines, known as the Caroline Archipelago, they designate as Micronesia. These islands, which extend from about 20° north to about 30° south, are some of them volcanic in their origin and some coralline. The volcanic generally rise to a considerable height above the level of the sea, and are therefore called the high islands in contradistinction to the coral or low islands. Of the former the principal ones are Tahiti, Samoa, Marquesas, and Sandwich islands. The last named of these, forming the Kingdom of Hawaii, are a rich, beautiful, and interesting chain, eight in number, exclusive of a few small islets. The island of Hawaii is the largest of the group. On the east coast of this island is a beautiful little bay known as Kea-

lakekua, the scene of an event made memorable in history, the death of that great maritime explorer, Captain Cook. The story as told by the natives is as follows:

In an early morn in the month of January, 1779, the cry of wonder and astonishment arose from the throats of thousands of assembled natives at the sight of what they supposed to be floating islands, two in number. With consternation pictured in their faces, they retreat from the shore to their chiefs and mighty kahunas, from thence to the great temple of their gods, the Heian, where, after offering up sacrifices, they return with their chiefs and kahunas at the head of a procession of about 15,000, manning 3,000 canoes. The king and Kamehameha, accompanied by this throng, in great state and barbaric pomp, visited the two floating islands, which were the two vessels commanded by Captain Cook, the Resolute and Discovery. The first canoe, the ship of state, bore king Kalamopua, attended by Kamehameha and Staff. They were attired in their brilliant cloaks and helmets made entirely of feathers; these feathers were taken from a now extinct bird, each bird furnishing two feathers, one under each wing, and of a bright golden color. The second bore the high priest and their idols; the third was filled with presents of pigs, fruits, etc. When reaching the deck of the ship they beheld, not men like themselves, but in the person of Captain Cook they saw their high and mighty god, Lono. Quickly the king disrobed and placed the robe and helmet on their new found god, and into his hand a fan, the insignia of royalty. But alas! for frail humanity elevated to the position of a god. With Lono at their head they return to the shore, receiving the homage of this vast assemblage, when soon the followers of Cook, desecrating the temple, anger the natives, and the result a melee, in which a chief, Kalinu, is killed. At once the war cry is raised, and Cook struck an approaching native with his sword; the native caught him by the sword arm, not with the idea of killing him, as gods were incapable of death; but being about to fall, he cried out, this dispelled his divinity, and he was immediately dispatched by running a spear through his body. The king and chiefs then fled inland, taking with them the bodies of Cook and four of his companions who were slain. Cook's body was presented in sacrifice, the flesh removed from the bones in order to preserve them, and the flesh burned. Three children, whose names are still on record, found the heart and ate it, thinking it the heart of a dog. Amid a grove of cocoanut palms, on the spot were he was supposed to have been slain, the British Government has erected a beautiful monument to perpetuate the memory of this great navigator.

This island of Hawaii contains 4,210 square miles, is 13,805 feet in height, being larger than all of the other islands combined. Here is the active volcano of Kilauea on Mauna Kea. A few miles away, on the summit of Mauna Loa, is another lake of fire, which a few years since flowed a stream of seething lava within a few feet of the little city of Hilo. Unceasing efforts were made by the natives to appease the anger of the goddess Pele, and stop her fiery progress. Sacrifices were offered of pigs, fruits, etc., but with no effect, until finally some master mind suggested to soothe her fiery spirit with a few bottles of gin; this was a terrible sacrifice to them—but any thing to save their homes. And, wonderful to say, the stream stopped its progress to the sea, the lava cooled, Pele happy, a city saved, and all for a few bottles of gin!

The next in order, having commenced at the south, is the island of Maui. This is the next in size also, and contains 760 square miles and is 1,032 feet in height. This island also consists of two mountains, Huleakala, or house of the sun, and Mauna Eecka. On the summit of the former is the largest crater in the known world, being 29 miles in circumference and 2,000 feet deep. We have no knowledge, either from tradition or history, of its last eruption. It is said by many who have visited the highest mountain peaks and the most active volcanoes that a sunrise scene from this crater is not to be equaled in magnificence and grandeur. The windward or northeastern side of the mountain is covered with verdure and forests; countless streams, for a distance of forty miles, go rushing to the sea. It is from some of these that the great plain lying at the base of this mountain, containing about 25,000 acres of productive land, is now being irrigated; about 5,000 acres is planted in sugar-cane and will, doubtless, yield an abundant crop. On the west side of this island, which is the lee side, is the old seaport town of Lahaina, once a scene of busy life, when two hundred whalling vessels anchored in the roadstead to get their supplies and water for the trip into the Arctic Ocean. It is now only a sugar plantation, and a walk through its streets, with its empty houses, reminds one of Goldsmith's Deserted Village; yet there is one fascina-

tion left, its climate and its sea bathing. It does not vary ten degrees during the whole year, taking 70° Fahrenheit as its mean temperature; it does not average over two inches of rainfall in a year, yet for miles up and down the coast the mango, tamarind, cocoanut, and palm flourish; the bread-fruit grows luxuriantly with its luscious and rich fruit. Streams from the mountain-side furnish water for its fields of sugar-cane. This is the place of places for the establishment of a sanitarium. Here the wretched consumptive can find a congenial climate, breathe air that comes from the sea in a gentle breeze ladened with soothing compounds that give rest and quiet to worn and tired lungs and body. The sea-temperature is about 80° Fahrenheit all the year round. A sand beach and shallow water to a coral reef about one quarter of a mile from the shore renders bathing pleasant and safe. A little enterprise and capital would render this a most desirable resort for invalids.

We next come to Kahulaui, a deserted and barren island, caused by being overstocked with sheep. Next, to the island of Lanai, largely owned by the present Premier of His Majesty King Kalakaua; it is used as a sheep ranche, and contains about 100,000 acres of land. We find, a few miles further to the northwest, the island of Molokai, better known as the Leper Island, to which I shall refer again. Next in order is Oahu, which contains the capital of the kingdom, Honolulu, and many valuable plantations and beautiful homes. The last of the more important islands of the group is Kauai, and doubtless the oldest; on this is to be found also a number of plantations and beautiful tropic homes.

I have simply sketched the islands from the southeast to the northwest, the reverse order in which they were formed. In no part of the world are the sublime and beautiful found united in bolder contrast and variety: Lava-belching volcanoes, throwing up vast mountains, and then shattering them again with earthquake throes and convulsions; the blue unbroken billows of thousands of miles of ocean thundering incessantly upon their coral coasts; placid lagoons and shore-reefs beautiful with coral shrubbery of a genial ocean; a tropical velvet verdure, covering with its grateful mantle the steepest mountain crags; groves of the palm and bread-fruit, like cedars of Lebanon; dells, and valleys and palm-covered plains. These are some of the natural features and contrasts of beauty and sublimity in the islands of Hawaii.

The inhabitants of these islands number about 80,000, 6,000 natives, the balance whites, Chinese, and Portugese, the Chinese being greatly in excess. The natives are a dark-skinned race, good-natured and indolent. As far as we are able to learn, both from history and tradition, they originated from the Malays, as did also the New Zealanders, as the language and personale of these two races would lead us to believe. The personal appearance of the native is as rule fine; but the seeds of disease have been so generally sown amongst them, that not only have their ranks been decimated, but the beautiful forms of the women and the handsome physique of the men is known only as one of the glories of the past. On inquiry into this we find, (1) The general ignorance and apathy of the people, not appreciating the existence of the evil, and those who do are not willing to make present sacrifices for the sake of future good; (2) unhealthy ways of life, lowering the general vitality, and inadequate care of the sick; (3) the constitutions of men and women corrupted by disease, inherited or acquired, causing in some cases barrenness, in others early death of children; (4) looseness of morals, union of sexes while very young, excessive and promiscuous intercourse also causing sterility; (5) indisposition of the women to be troubled with children—infanticide. The government is now awaking to the importance of the preservation of the race, and is taking measures for the establishment of hospitals and dispensaries for their treatment. And it is quite gratifying to those who have been conspicuous in the movement that, during the last five years, the percentage of births has been greater than the deaths. This refers of course only to the native race; as for the whites and their children these islands are a paradise. During my stay here of nearly ten years, and in pursuit of my practice, with an average of about eighty white children in my care, but two have died—one congestion of brain, the other inanition. The critical period of infancy is unknown; a case of cholera infantum, scarlet fever, or diphtheria I have never seen here. Malaria, until its recent development of typho-malarial fever in the city of Honolulu, the capital, has been almost unknown in the country districts. It is very rare and very mild.

The history of leprosy in these islands is very obscure. As far back as 1820, the time of the arrival of the first missionaries, we are told of the existence of a disease similar in nature to the leprosy of the

present day; this was known among them as mai alii, or the disease of the chiefs. But among the first conspicuous cases after this time was that of a Chinaman, whereat the missionaries adopted the name of mai pake, or Chinese sickness. Since then it has been known among the people by this name only, and from this fact it was supposed the disease originated among or was brought here by the Chinese, which I am not greatly inclined to believe; indeed, that the disease has existed among them from time immemorial seems to me the clearest inference to be drawn. What is leprosy? How often this question has been asked, and yet how unsatisfactory the solution. A few scientific men contend it is a form of syphilis; others, that it is a disease sui generis, greatly dependent on the habits and character of food; others, that it is of malarial origin, as stated by Sir Erasmus Wilson and my friend, Prof. L. P. Yandell; others, again, who are confident that it is caused by the inoculation of a specific bacteria. How, then, are we to reconcile these widely conflicting theories as to its relationship to syphilis?

Syphilis arises from the same character of sore, pursues precisely the same course, manifests itself in its three different stages, here as elsewhere. If, then, it be akin to syphilis, it must be of some later form than the tertiary; then, if such be the case, why should this later form be inoculable when I believe it is an accepted fact among syphilographers that the tertiary form is not inoculable. As to its malarial origin, the fact of the great immunity suffered from this poison on these islands would rather preclude such an idea. If I were asked to describe a case of leprosy before reaching its last and most severe form, I would refer back to some reports made by Mitchell, Morehouse, and Keen, who had such large opportunities in the hospitals established during our civil war for diseases and injuries of the nervous system. The conditions they found to occur in the parts below the seat of injury were atrophy of muscles and various subacute inflammatory states indicated by tumefactions and congestions, edema, thickening of the cuticle, glassiness of the skin, cracks and fissures in it, eczema, curved and talon-like nails, retraction of the skin of the ungual phalanx, and exposure of the matrix, painful swelling of joints, and altered or arrested secretions. In addition to these, anesthesia, a bluish discoloration over the seat of anesthesia, and tendency to ectropion. Here we have a tolerably fair description of a case of leprosy. As it progresses the anesthesia extends from its seat of beginning in the extremities, tumefaction increases, ulceration sets in, the flexor muscles strongly contract, the lobes of the ears and alæ of the nose are greatly hypertrophied, absorption of the bones of the hands and feet goes on, until some intercurrent disease or organic complication relieves the poor wretch and sends him to his long home. They are very liable to epidemics of phlegmonous erysipelas, the sequelæ being inflammation and suppuration of some of the lymphatics. I have operated on as high as fifty-four in one day from this cause, giving great relief to the poor victims. There are now at the segregation about 700 inmates; the government has recently been very active in collecting and sending them to the hospital, until, in my district of about 6,000 people, we have not more than five lepers at large. But one white man has been condemned as a leper from this island since my long stay here, and he lived among them as one of them, eating from the same calabash, smoking the same pipe, etc. They are well cared for, have comfortable homes and plenty of food, and when once installed are loath to leave.

The description of a case as given before upholds very strongly the theory advanced by Prof. T. G. Richardson, of New Orleans, as being a disease of the trophic nerves; and the treatment by nitrate of silver seems to sustain it, as great good has resulted when it could be tried with any degree of satisfaction, the great trouble being their diet which is composed largely of salt fish, this rendering the nitrate inert by converting it into the insoluble chloride. Salicylate of soda is the great remedy of the day; the future will tell us more of its effects. I learn Professor Gross has recently had a case from these islands. I should like very much to be allowed to forward you a sample case for your observation and study. We have another form of disease here that is doubtless a matter of curiosity to your readers, and that is beriberi. I have seen about sixty cases on these islands, confined entirely to recent importations of Chinese, not one having been here over two years. This I attribute to the fact of the older residents adapting themselves to the diet and customs of the natives, dispensing with the excessively greasy and strong meats and fish that are brought from China, and eating poi, rice, meal, etc.

Dr. Simmons, of Yokohama, from whom I

have recently received a letter, refers in strong terms to malaria as a cause of this disease, yet Chinamen arrive here apparently in good health, and so remain for perhaps one or two years, when they are suddenly taken with the pain in the knee and flexor muscles indicative of the approach of beriberi. It can not be malaria is the cause, for there is no country in the world which has suffered greater immunity from malarial diseases than this, unless some one eventually proves syphilis to be malarial. The first indication of the disease resembles very much that of progressive locomotor ataxia, the unsteadiness of gait, inability to stand with feet close together and eyes closed, the same difficulty in walking. But the phenomena which is generally to be found is summed up by Evezard, debility, cold extremities, palpitation, dyspnea on exertion, frequent, small and quick pulse, the bruit occasionally heard in the neck, scanty urine, torpid bowels, deadly pallor of the tongue, all indicating a condition of anemia. Treatment has but little effect, a large percentage of the cases being fatal.

Among the curious things in obstetrics, is a native girl eleven years of age giving birth to a child weighing eight pounds. Another, a native woman being delivered of a dead child weighing eighteen and three quarter pounds. The natives manage a case of accouchement very much as do all such races. As labor comes on, and the pains become stronger, they commence above the umbilicus and take a turn around the body with a small rope; at each successive pain, another turn downward, as they say, to keep the child from going back. If this does not effect delivery, some of the old women get on with their bare feet and endeavor to force it out. The result of such treatment is greatly injurious; if not causing death, perhaps a rupture of the lateral ligaments or procidentia uteri. After the birth of the child, she is then made to stand up till the placenta is delivered, when she goes out and plunges into the most convenient stream of water, then proceeds with caring for the baby, or whatever else she may have to do, as though nothing of importance had transpired.

I will endeavor soon to send you some poi, the principal food of the natives. It is made from the taro-root or arum esculentem. It would be a great addition to your diet-list in the hospitals; in low forms of fever, in enteric and gastric troubles it is far superior to beef-tea, and will be retained by the stomach when every thing else is rejected, at the same time it is cooling, soothing, and very nourishing; as food for children in cholera infantum it is very fine. It is being prepared by the Alden process and can be kept for an indefinite length of time.

F. H. ENDERS, M.D.

WAILUKU, ISLAND OF MAUI, SANDWICH ISLANDS, April, 1883.

Selections.

SUCCESSFUL CASE OF A BULLET-WOUND IN THE KNEE-JOINT TREATED ON CONSERVATIVE PRINCIPLES.—David A. M. Finlay, L.R.C.S.I., late Surgeon N.R.M.S. *Nubian*, Cradock, Eastern Province, South Africa, writes to the British Medical Journal as follows:

Since the proper treatment of gunshot-wounds of the joints, and especially of the knee-joint, is a matter which may be said to be still *sub judice*, I have deemed it proper to lay before the profession the following case of successful treatment on conservative principles:

December 30th, was called to W. H., aged thirty-one. The patient had been struck in the left leg by a bullet from a revolver. When the charge exploded the ball struck H. on knee-cap of left leg. I found a small opening, nearly on the center of the skin of the patella, from which a quantity of synovial fluid was oozing. Upon pressure over the inside of the knee-joint, just below the inner condyle, the patient winced, and declared that the ball was lodged there. By firm pressure, I could detect a small, hard, rounded nodule at that point; and, upon probing the wound, I was led to the conclusion that the nodule in question was nothing else than the bullet. Examination by means of the probe showed that the patella had not been fractured, but that the ball had grooved it in its course.

After a consultation with Drs. Hoffman and Viljoen, I cut down upon the bullet. The patient was strong and healthy, and this inclined me to try the operation without any anesthetic. After washing the part with carbolized water, I made an incision an inch and a half long, midway between the inner edge of the patella and the inner condyle, and cut deeply till I could feel the bullet with the tip of the little finger. The ball had lodged within the capsule of the joint, which I had to lay open, a quantity of synovial fluid escaping at the time. I could

feel the bullet distinctly, and was able to extract it speedily with forceps. Originally conical, it had been much flattened on its upper aspect by striking the bone. The patient bore the operation well. After extracting the ball and syringing out the wound with carbolized water, a single straight splint was applied to the back of the limb, which was bandaged. The wound was left open, with lint dipped in carbolized oil as a covering. Dry cold was at once applied in the form of ice-bags after the patient had been brought into hospital.

On December 30th, the day of operation, pulse was 80, temperature 99°; on December 31st, the morning temperature was 103°, falling in the evening to 100°. On January 3, 1882, the ice-bags were discontinued, the temperature not having stood as high as 100° for forty-eight hours. On the evening of January 4th, the knee felt hotter, and there was a little local redness. On the 5th, the temperature rose to 100° in the evening, but never rose so high again. January 13th, substituted water for carbolic dressing. January 18th, sent the patient home, and ordered him not to remove the bandages or splint. On the 22d I visited him, removed splint, bandaged leg and knee, allowing him to move on crutches, with the left foot supported by a tape passed around the neck.

After four months from the occurrence of the accident, I saw Mr. H. I found no swelling or tenderness about the knee; and he informed me that he went to work on the 15th of February, and since then he experienced no stiffness or other inconvenience in the injured knee; in fact, the case is perfectly cured.

Purulent Inoculation in the Treatment of Granular Lids.—[This is equally nasty and cruel, and we only publish it as a horrible example of what specialists may do.] Dr. Terrier formulates the following conclusions to an article on this subject in the *Rev. de Chirurg.*: (1) Purulent inoculation is a good method of treatment of old conjunctival granulations with pannus. (2) It is indicated where the pannus is thick. But corneal ulcerations and *pannus tennis* are contra-indications to its employment. (3) In pannus, granular or not, affecting one eye, the procedure is to be practiced with the greatest care lest the sound eye be inoculated. (4) The pus to be used is that of *ophthalmia neonatorum*. When this can not be obtained, gonorrheal pus may be employed. (5) No attempt should be made to abort the induced ophthalmia, but it should be treated judiciously, with a view to prevent permanent injury to the cornea. (6) Sulphate of copper, nitrate of silver, yellow precipitate, ointment, or calomel insufflations are frequently indicated in order to complete the cure. (7) In exceptional cases it will be necessary to resort to syndectomy or iridectomy.—*Medical Record.*

A Hydrophobia Cure.—Dr. August Hoff writes to the Australasian Medical Gazette for April: Allow me to draw your attention to a case of hydrophobia successfully treated by Dr. Offenberg, of Münster, Westphalia. The case made a great sensation, and went through all medical and even political papers of Germany. A female peasant, twenty-four years of age, was bitten by a rabid dog, and although the wound was cauterized, the dreadful disease developed after eleven weeks. Dr. Offenbergh used very energetically curare (the poison used by the Indians in the northern part of South America for arming the points of their arrows), to the extent of twenty centigrams (three and one third grains) within five hours, although the dose for injection is usually only one tenth to one half grain. The patient fully recovered.

Removal of Warts by Cauterization. Dr. Cellier recommends the following treatment for warts, in the *Jour. de Méd. et de Chirurg. Pratiques*, March, 1883: The base of the wart is transfixed by an ordinary pin, care being taken not to pierce the healthy tissue beneath. Then, the skin being protected, the head of the pin is held in the flame of a candle. In a few minutes the wart becomes white and fissured, and comes away on the point of the pin. The procedure is said to be painless as well as bloodless. The curious assertion is made by Dr. Cellier that it is necessary to remove but one wart on the hand, and all the others (sometimes even a dozen or more) will disappear without treatment.—*Med. Rec.*

A Solution of Corrosive Sublimate in Glycerine as a Substitute for Mercurial Ointment in Parasites of the Skin. R. Vigier recommends four or five parts of corrosive sublimate dissolved in one hundred parts of glycerine in the place of mercurial ointment for parasites of the skin. It has been known for a long time that glycerine is not absorbed by the skin, and that it also prevents the absorption of medicines,

and to a great extent that of corrosive sublimate. Therefore, on account of its greater cleanliness, and greater security from the absorption of mercurials, it is to be preferred to blue ointment.—*Pharmaceutical Record.*

KNOTS IN THE UMBILICAL CORD.—Dr. Benjamin Clarke, F.R.C.S., writes to the British Medical Journal as follows:

March 31st, was hastily called to Mrs. C. in her sixth confinement. In consequence of the *apparently* unexpected length of her pregnancy and prodigious size (by her reckoning she had reached her forty-fifth week) my anxiety caused me to respond most promptly, but only just in time to hear the rupture of the membranes and a copious discharge of liquor amnii, immediately followed by the natural girl. The umbilical cord was twice around the neck, was twenty inches long, and had a knot, six inches from the umbilicus, sufficiently tight to require careful unfastening, but clearly not to impede the circulation of the cord. I am certain this knot was formed *in utero*, and prior to the birth; but how? I note, in the Journal of April 21st, that Dr. Godson exhibited a fatal complication of this kind at a meeting of the Obstetrical Society of London. My patient was a mechanic's wife, having consequently much household work, and had exerted herself very much during the last three months of her pregnancy.

SUBNITRATE OF BISMUTH AS AN APPLICATION TO ULCERS is highly recommended, being, it is claimed, antiseptic, anesthetic, protective as well as odorless. It is to be hoped it will supersede that abomination, iodoform.

TWO CASES OF LEPROSY are reported by D. T. Smith, M.D., in New Orleans Medical and Surgical Journal of May, as having recently come under his observation in the Parish of Jefferson, La.

REMOVAL of a deep sebaceous cyst of the neck through the mouth, avoiding an external scar, is reported in the Lancet by W. J. Walsham, F.R.C.S.

A TRACHEOTOMY successfully performed for croup is reported by Herbert L. Cortis, L.R.C.P., in the Australasian Medical Gazette, April.

DR. J. SOLIS COHEN says so many cases of tuberculosis of the larynx indicate an equal number of funerals.

CONTINUOUS BATHS.—Dr. Leloir, in Le Progrés Médical, calls attention to the value of the continuous baths which are used in the German hospitals in the treatment of skin diseases, and in burns, bed sores, gangrenes, etc. The temperature maintained is about 99° F. The patient sleeps and eats in the bath, and is generally well pleased to remain in it. Some patients, who have remained from fifty to a hundred days in the bath, on leaving it were not only not tired of their aquatic sojourn but spoke with delight of the relief they had obtained.

TESTICLE literally signifies a small witness.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from May 19, 1883, to May 26, 1883.

Campbell, John, Lieutenant Colonel and Surgeon, Medical Director Department of the South; granted leave of absence for one month, on Surgeon's certificate of disability. (Par. 3, S.O. 50, Department of the South, May 21, 1883.) *Burton, Henry G.*, Captain and assistant Surgeon; now awaiting orders at St. Paul, Minn., assigned to temporary duty at Fort A. Lincoln, Dakota. (Par. 1, S.O. 83, Department of Dakota, May 15, 1883.) *Porter, J. Y.*, Captain and assistant Surgeon, assigned to duty at Fort Davis, Texas. (S.O. 49, Department of Texas, May 14, 1883.) *Spencer, Wm. G.*, Captain and assistant Surgeon, assigned to duty at Fort Hamilton, N. Y. H., (Par. 2, S.O. 83, Department of the East, May 14, 1883.) *Gorgas, W. C.*, First Lieutenant and assistant Surgeon, granted leave of absence for one month. (Par. 5, S.O. 51, Department of Texas, May 17, 1883.) *Hopkins, Wm. E.*, First Lieutenant and assistant Surgeon, assigned to temporary duty at Whipple Barracks, Arizona., (Par. 2, S.O. 44, Department of Arizona, May 14, 1883.) *Macauley, Carter N. B.*, First Lieutenant and assistant Surgeon, assigned to to duty at Fort Bennett, D. T. (Par, 2, S.O. 83, Department of Dakota, May 15, 1883.) *McCreery, George*, First Lieutenant and assistant Surgeon, to report for duty, to the commanding officer of troops, in the field, near San Bernardino Springs, A.T. (Par. 1, S.O. 44, Department of Arizona, May 14, 1883.) *Raymond, H. I.*, First Lieutenant and assistant Surgeon, relieved from duty with troops in the field near San Bernardino Springs, A. T., and ordered to return to his proper station, Fort Apache, A. T. (Par. 1, S.O. 44, Department of Arizona, May 14, 1883.) *Wilson, George F.*, First Lieutenant and assistant Surgeon, upon being relieved as Post-Surgeon at Fort Townsend, W. T., assigned to duty at Headquarters Department of the Columbia. (Par. 2, S.O. 64, Department of the Columbia, May 10, 1883.) *Wilson, George F.*, First Lieutenant and assistant Surgeon, to report to first Lieutenant Frederick Schwatka Third Cavalry for duty in connection with explorations in the department of the Columbia. (Par. 3, S.O. 64, Department of the Columbia, May 10, 1883.)

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, JUNE 9, 1883.

Original.

RUPTURE OF ABDOMINAL CYSTS.

BY W. SYMINGTON BROWN, M.D.*

The large majority of so-called ovarian tumors are intimately connected with an ovary, probably commencing in a swollen Graafian follicle, but a certain portion, larger than was at one time supposed, arise from the parovarium and have no direct connection with the ovary. These latter are commonly called "dropsy of the broad ligament."

Mr. Lawson Tait (British Medical Journal, Oct. 28, 1882) reports "one hundred consecutive cases of ovariotomy performed without any of the Listerian details," of which number only three died, and of these three one was fatal by accidental suffocation. In two cases the disease turned out to be solid fibroma of the left ovary. In ninety-eight cases the disease was cystoma; and of these latter the tumors in eleven cases were parovarian. Mr. Tait estimates that parovarian cysts constitute about ten per cent of such operations.

Dr. Gallez, of Brussels, has written an exhaustive work on ovarian cysts, in which he devotes a chapter to rupture.† He says [freely translated and abridged]:

"One of the spontaneous terminations frequently occurring consists in rupture of the cyst. Rupture has taken place without previous inflammation solely by distension of the tumor, a cure following in consequence, as related in the observations of Bonfils de Nancy, Camus, etc. Kiwisch cites cases where the rupture was followed two or three times by re-accumulation of the liquid, ending in recovery.

"Under similar circumstances we find the cyst to rupture by some extraordinary cause, as a collision, a blow, a fall, etc., and also in a fit of laughter, sneezing, violent coughing, or a sudden movement. The woman seen by Boinet and Hupier received a kick on the belly, and was radically cured by rupture of the cyst. A woman carrying a still larger cyst made a false step, the tumor burst into the peritoneal cavity, which became inflamed, but the cure proved radical. A patient of Gautier fell on the edge of a chamber-pot, the cyst ruptured and did not refill.

"The contraction of the abdominal muscles and diaphragm, under the influence of vomiting, as related by Eager, sufficed to produce rupture and cure of an ovarian cyst. A woman carried a cyst of the right side for seven years. She fell on a stairway and struck her belly. Some time after she had a strange sensation in the abdomen and a frequent desire to urinate, passing four and a half pounds within twenty-four hours. This diuresis continued ten days, after which no traces of the tumor could be found. There was great debility and emaciation, which a tonic remedy soon removed.

"Spontaneous rupture of these cysts might occur without being noticed by the patient. Koeberle says the accident is not always accompanied by grave symptoms."

Dr. Goodell, of Philadelphia, contributes a paper on this subject ("Bursting Cysts of the Abdominal Cavity") in the sixth volume of the Transactions of the American Gynecological Society. He gives details of three cases, which I abridge:

"CASE I. The patient was forty-six years old, had been married for twenty years, and had three children. Two years ago [since 1879] she discovered an abdominal tumor as large as her two fists. About a month ago it began to grow rapidly, and it now reaches the navel, giving her a very painful

*Read before the Gynecological Society of Boston, 1883.

†Histoire des Kystes de l'Ovaire. Par Louis Gallez, M.D. Bruxelles, 1873.

sense of bursting. Dr. Goodell aspirated it September 25th, and removed about eight quarts of a reddish fluid stained with blood. November 8th he went to her house, and found her suffering from colicky pains, and the tumor not to be discovered. For a few days there was an unusual secretion of urine. February 13, 1880, the sac again burst spontaneously. During the summer of that year it burst twice, besides being aspirated, and on December 18th he removed the tumor by abdominal section, and the lady soon got well.

"CASE II. In 1874 an unmarried lady, aged twenty-two years, came under the care of a regular female physician, who diagnosticated the presence of an ovarian tumor, which afterward burst twice. Early in January, 1881, Dr. Goodell found lying in front of the womb a cystic tumor as large as a Florida orange. He removed it through the abdominal walls in March, and the patient recovered."

"CASE III. December 18, 1880, Dr. Goodell was consulted by a lady, aged twenty-five years, who had been married eighteen months without conceiving. Behind the womb, in Douglass' pouch, lay a movable painless cyst as large as a lemon. On February 3, 1881, he found that the cyst had disappeared, and left in its place a rugous body as large as an almond. When she called, June 24th, the rugous body had been converted into a cyst the size of an apple. On September 5th the cyst had again disappeared; it must have burst two days before. At a visit on September 14th, it was evident that the cyst was again filling up. But while Dr. Goodell was outlining and pressing it by conjoined manipulation, it suddenly burst under his fingers. He has not seen the case since."

The following case occurred in my own practice recently:

Mrs. Blank, sixty years old, has had two children, the second one twenty-five years ago. The menstrual flow had always been regular and painless. The menopause occurred fifteen years ago. She had an attack of diphtheria in 1873, and has not been so well since then. Her external circumstances have uniformly been as favorable as ample money and the kindness of a devoted husband could make them. She lives regularly, eats moderately, and abstains totally from intoxicants. She complains of pain in her right side, extending downward. After continuing for several weeks, the pain abated for one week and then returned. Is troubled by dysuria. She passes a small quantity of high-colored urine at a time, repeated at short intervals for several days; followed by larger quantities of clear urine for a variable period. The pain is more severe when the urine is high colored. Appetite fair, sleeps pretty well at night. The pain in the right side is increased after riding in a carriage.

May 31, 1882. A careful bimanual examination revealed the presence of a sac on the right side, in which fluctuation could readily be detected. That same afternoon a consultation was held with Dr. James R. Chadwick, of Boston, who confirmed the diagnosis of ovarian tumor. The following are the measurements subsequently taken, immediately below the umbilicus:

June	5, ...	33 inches
"	20, ...	35 "
July	9, ...	37 "
"	12, ...	39 "
"	14, ...	40 "

On the 17th of July Mrs B. went to Boston and had an external application of galvanic electricity. She had had several such applications on previous days. On alighting from an open horse-car she made a misstep, and afterward rode and walked more than usual that day. During the next morning, about two o'clock, she was attacked with an agonizing pain, which continued fully an hour, and was finally relieved by very hot fomentations. During that day and the following one she passed more than four quarts of high-colored urine each day; amount continued much larger than usual for several days. The sac had evidently burst. Before this occurred she had been unable to tie her own shoes. Two days later she measured only thirty-five inches below the umbilicus, and within a week the tumor could not be felt. Since that time her general health has improved, and, at this date (May, 1883), there is no sign of re-accumulation.

Several cases are on record in which the sac filled again, or a new sac formed after the lapse of two or more years. When the rent is sufficiently large, fluid may continue to be secreted, but it passes into the peritoneal cavity and is absorbed.

STONEHAM, MASS., May, 1883.

THE honorary degree of L.L.D. of Cambridge is to be conferred on M. Pasteur, Sir John Lubbock, and Professor Roscoe of Owens College, Manchester.

Miscellany.

PRESCRIBING DRUGGISTS.—Another death from chloral once more exhibits the fatal ease with which the public, in spite of a Sale of Poisons Act, can procure dangerous drugs from prescribing chemists. Last week a young man, twenty-two years of age, the subject of melancholia with suicidal tendency, applied to one of the leading pharmacists of Birmingham, complaining of pains in his head and sleeplessness, and asking for some chloral to make him sleep. The druggist explained at the inquest that he "advised deceased to try and do without narcotics," but he did not advise him, as he ought to have done, to consult a medical practitioner, and he at once supplied to him, as he ought not to have done, a very dangerous quantity of a solution of hydrate of chloral. The druggist very improperly prescribed for, and supplied to the intending suicide, a mixture containing one hundred and twenty grains of chloral hydrate, with directions that the twelfth of the whole was to be taken for a dose. The young man took the mixture home, wrote a farewell to his friends, swallowed the whole of the poison, and was found next morning dead in his bed. Neither the coroner nor his jury appear to have made any comment upon the conduct of the druggist; no one was blamed, and the stereotyped verdict of suicide whilst in a state of temporary insanity was returned. The death of this young man was clearly preventible. The deceased was suffering from a form of unsoundness of mind, which was possibly curable, and which rendered it necessary that he should be efficiently prevented from injuring himself. The death of this suicide might have been prevented if a dispensing druggist had refrained from prescribing for serious illness, and from supplying to the deceased, without any authorization, a poisonous quantity of a dangerous drug.—*Brit. Med. Jour.*

VEGETARIANISM.—Mrs. Norman Kerr recently entertained about one hundred employés of the Vestry at a vegetarian supper at the Walmer Castle Coffee Tavern. There were also present Dr. B. W. Richardson, and Dr. W. Blyth. The dinner consisted of "hotch-potch" soup, which was much like Scotch broth, a savory pie, a "sweet," cocoa, and bread, and the cost was calculated at 3d. per head. For the "hotch-potch" soup the materials were two bunches of turnips, which cost 8d.; one bunch of carrots, 4d.; two bunches of leeks, 6d.; two heads of celery, 5d.; six pounds potatoes, 6d.; one pint of green peas, 2d.; parsley, 3d.; and half pound butter, 7d., making a total cost of 3s. 5d. There were six loaves of brown-bread, at 9d. per quartern loaf, costing 4s. 6d. For the savory pie, the materials were two and a half gallons of harricot beans, at 2d. per quart, 1s. 8d.; fifteen pounds flour, at 7d. per quartern, 2s. 6d.; six pounds onions, at 1d. per pound, 6d.; and one half pound butter, at 1s. 2d. per pound, 1s. 9d.; costing altogether 6s. 5d. For the "sweet," there were used seventeen pounds rice, at 2d. per pound, 2s. 10d.; seven bunches of rhubarb, 2½d. per pound, 1s. 5½d.; and ten pounds sugar, at 2½d. per pound, 2s. 1d.; making the cost 6s. 4½d. For drink, there were supplied one hundred cups of coffee, at one half-penny per cup, costing 4s. 2d. The total cost for one hundred persons was thus, £1 4s. 10½d., or 3d. for each person. The object was to show how cheaply a nourishing meal might be provided. Apologies were read from Lords Waldegrave, Claud Hamilton, and Mount-Temple (who stated that Lady Mount-Temple had been a vegetarian for many years), Mr. Ernest Hart, and Sir Patrick Colquhoun (who sympathized warmly with vegetarian diet, and practiced it when in his own house).—*Ibid.*

ON Wednesday last, at University College Hospital, Mr. Christopher Heath made use of Junker's anesthetic apparatus in a case of excision of the jaw. Some little difficulty in getting the patient under the influence of the anesthetic was met with, but anesthesia was subsequently easily maintained throughout the operation. The narcotized air was delivered at the back of the pharynx through an ordinary gum-elastic catheter bent to the required form. About two and a half drams of chloroform were used in twenty-five minutes. The convenience of the apparatus to the operator was manifest.—*Ibid.*

CONSULTING-ROOM TALK.—"How long will it take you to cure me, doctor?" "Well, Mr. Blank, I think you can get back to your desk at the bank in about a month, but you will have to take treatment for several years." "But you mistake; I am not Mr. Blank the banker, but Mr. Blank the letter-carrier." "Oh, indeed, that alters the case, you are quite bilious, but you will be well in a month!"

MONSIEURS PASTEUR AND PETER.—The Medical Press' Paris correspondent writes: "The greater part of the séance of the *Academie de Medécine* last week was occupied by M. Pasteur, who came up expressly from the country in order to defend himself from the allegations of M. Peter, who at a former meeting showed himself antagonistic to the theories of the celebrated discoverer of microbes. In a lengthy communication, M. Pasteur endeavored to refute the opinions of his adversary, and denied that his vaccinations were attended with fatal results. He reproached M. Peter with being entirely ignorant of the subject in question, and added, 'I am not a doctor or even a veterinary surgeon, and I often regret it. If I were younger, or even as I am, if I had better health, you would see me on the seats in the gallery. When I obtained the honor of being called to this Academy, I rejoiced in the idea that I was going to learn from you many things of which I was ignorant, but I consoled myself with the thought that the path I had chosen, although deviating a little from the well-beaten road of medical science, would perhaps contribute its share, however small, to the benefit of that science. To hear my learned friend talk with such contempt of chemists and physiologists who touch the question of diseases, one would think that he was speaking in the name of a science whose principles were founded on a rock. Did he want a proof of the little advance that is made in therapeutics? He will find it in the fact that for the last six months a discussion is going on as to whether typhoid fever should be treated by this or that method, or not at all. And when on the eve of solving the question of the etiology of this disease by the microbia, M. Peter has the audacity to cry out, "What do I care about your microbes!" M. Peter thinks that because I turned my mind to chemistry, physics, and physiology, I should know nothing; but a labor of forty years permits me to defy such insinuations. I glory in one thing, and that is, that the great discovery of the attenuation of virus (charbon) by vaccine can be considered as wholly French.' (Prolonged applause.)"

THE SPLEEN AS A BLOOD-PRODUCING ORGAN.—Dr. Korn has conducted a number of experiments to determine the part played by the spleen and bone-marrow in the formation of red-blood corpuscles. (*Deutsche Med. Woch.*) He practiced repeated small blood-lettings upon pigeons. Changes in the blood after this procedure were constant. It became of a darker color, clotted more readily, and contained a greater number of white corpuscles. The bone-marrow was more red, contained less fat, but presented a very large number of undeveloped red-blood corpuscles. These results were the same whether the spleen had been extirpated or not. When present, this organ was anemic. Dr. Korn concludes from these experiments that the spleen performs no function in the reproduction of red-blood corpuscles in birds. And in this he is in agreement with Neumann, who has arrived at the same conclusions in respect to animals.—*The Medical Record.*

SYPHILIS IN THE NINTH CENTURY.—Between the years A.D. 806 and 810, an Emperor of Japan commanded his court physicians, Abemanas and Idzumo Kirosada, to collect in one volume all extant records of native medicine and surgery. (British Medical Journal.) A manuscript copy of this work, for centuries forgotten, although the facts of its origin were recorded in Japanese history, was found in 1827, by a priest, in a provincial Buddhist temple. Dr. Scheube, of Leipzig, has recently examined this work, and, in an article published in a recent number of Virchow's *Archiv*, has shown its undoubted authenticity and its high value from a purely scientific point of view. It was written long before Chinese ideas had penetrated into Japan and influenced native practitioners. The most interesting passages are descriptions of local and general affections, which clearly prove that syphilis and several allied disorders were well known to the ancient Japanese. Chancroid and phagedenic chancre are clearly described, as well as a "swelling on the penis, of the size of a millet-seed," followed by eruptions, feverishness, pains in the bones and head, blindness, swelling of the testicles, and other very familiar symptoms. These were observed to continue for many years. The passages of this work, called the Daidorui Thiu-ho, which relates to the treatment of these symptoms, have not yet been translated into English. Herbs alone appear to have been used, and without much success; mercurial treatment was introduced at a comparatively recent date, from Europe. The ancient Japanese surgeons do not appear to have recognized the venereal origin of the disease which they describe, although the Daidorui distinctly traces all the secondary symptoms to "the poison from the affected organ."

The Louisville Medical News.

Vol. XV. SATURDAY, JUNE 9, 1883. No. 23.

LUNSFORD P. YANDELL, M.D., - - }
L. S. McMURTRY, A.M., M.D., - - - } Editors.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

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LARYNGEAL EPILEPSY.

At the recent meeting of the American Laryngological Association, Dr. George M. Lefferts, of New York, reported a very remarkable case of laryngeal disease. A young and apparently healthy man, while sitting at the table, became suddenly unconscious, fell, and almost immediately arose and resumed the conversation. The attack had been frequently repeated during the past eight years, and was always preceded by a slight cough, the face became suffused, but no convulsive movements were apparent. The laryngoscope revealed nothing abnormal beyond slight hyperemia. By some this condition has been termed laryngeal vertigo, while by others it is known as laryngeal epilepsy. Dr. Lefferts very pertinently inquires if there is a definite relation between the tickling in the throat and the fall and unconsciousness. It is interesting to note with what readiness the members of the association localized the disease in the larynx, thus illustrating the growing tendency of special investigation. The general practitioner, we imagine, will have little difficulty in recognizing in the symptoms of this new disease of the laryngologist a familiar form of epilepsy. Under the name of *petit-mal*, cases so similar in character are described by Trousseau as to leave little doubt of the identity of pathological character. The introduction of such terms as laryngeal epilepsy for such conditions tends to complicate the study of disease instead of promoting its facility.

REDUCTION OF DISLOCATIVE FEMUR.

Dr. Samuel Logan, of New Orleans, has recorded in a recent paper additional experience in confirmation of the plan proposed by him several years since for reducing, by manipulation, luxations of the femur. The difficulty incurred by the usual methods, according to the late Mr. Callender, of London, consists in the slipping of the head of the femur around the rim of the acetabulum during the ordinary process of manipulation, thus lodging the head of the bone in the thyroid foramen. Dr. Logan obviates this difficulty by making use of the anterior border of the pelvis as a fulcrum, and in that way lifting the head of the femur over the rim of the acetabulum with the thigh flexed upon the abdomen; the limb at the junction of its upper and middle third impinges upon the pelvis just below the anterior superior spine of the ilium. Forced flexion lifts the head of the femur, and rotation will throw the bone into place. The observance of these suggestions will be found of value in the reduction of this important class of injuries.

RHEUMATISM.—The subject of rheumatism being under discussion lately in Melbourne in the secular press, a great variety of opinions were expressed by leading citizens. Among others the Rev. Dr. Bromby declared it as his belief that rheumatism is caused by tea-drinking. He drinks tea, and he has rheumatism, therefore he believes the rheumatism is produced by the tea. He *thinks* that after drinking tea his rheumatism is worse. Therefore he believes the tea aggravates it. This is a fair specimen of the average theologian's medicinal views.

Bibliography.

A Manual of Auscultation and Percussion, embracing the Physical Diagnosis of Diseases of the Lungs and Heart, and of Thoracic Aneurism. By AUSTIN FLINT, M. D., Professor of the Principles and Practice of Medicine and of Clinical Medicine in the Bellevue Hospital Medical College, etc. Third edition revised. Philadelphia: Henry C. Lea's Son & Co. 1883. 12mo. Pp. 242.

This excellent manual has been in the hands of the profession so long, and is so favorably known, as to scarcely require critical notice at this late day. Prof. Flint is known to be a master in the art of auscultation and percussion, and his long experience as a clinical teacher enables him to present the subjects treated herein with ease and simplicity. No better proof of its acceptability could be given than the fact that it has reached its third edition. Originally prepared as a class manual, embodying the substance of the author's lessons to private classes, it has grown through successive editions to a handsome volume of two hundred and forty-two pages. At the same time it is still a manual, restricted to auscultation and percussion, and condensed in style and arrangement. In this latest edition the author has introduced some practical points not contained in previous editions, and has described the modes by which pulmonary signs may be produced in the lungs when removed from the body, and by artificial means.

It is scarcely necessary to add that the publishers have made of this manual a handsome book. The Messrs. Lea are so well known to the profession in this regard that comment is unnecessary.

FEMALE MEDICAL STUDENTS IN PARIS.—From a report furnished by M. Béclard, Dean of the Medical "Faculté" at Paris, to the Vice Rector there, it appears that the number of women following the profession as regular students, *i.e.*, those who have produced two diplomas, of bachelor of letters and science, or, if foreigners, certificates equivalent thereto, is thirty-nine during the past two years—ten French, eleven English, five American, nine Russian, one Hungarian, one Polish, one Roumanian, one Indian.—*Med. Press.*

PROF. WILLIAM E. QUINE has resigned his chair in the Chicago Medical College, and has accepted the chair of Practice of Medicine in the College of Physicians and Surgeons, of Chicago.

Medical Societies.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

The Pathological Society of Philadelphia met Thursday evening, May 24, 1883, the president, Dr. Tyson, in the chair.

Carcinoma of the Stomach and Colon with Cardiac Lesions. Exhibited by Dr. J. T. Eskridge.

Peter Lawler, aged sixty years, Irishman, by occupation a dyer, was said to have enjoyed fair health until two years ago, when he suffered from a severe attack of inflammatory rheumatism. He knew but little of his family history, and could not give the cause of his parents' death. He never complained of heart disease. During the latter part of the year 1881, about eighteen months before his death, he first began to complain of pain in the epigastric region, attended by eructations of a sour, slimy liquid. Soon he experienced a sense of nausea coming on an hour or more after eating. About three months after the first appearance of symptoms of gastric disease he began to vomit. At first vomiting occurred occasionally, but soon it took place several times a week, and finally once or twice each day. He lost flesh rapidly. In the early part of March, 1883, he was admitted into the wards of the St. Mary's Hospital, when he came under my observation for the first time. He was very weak and greatly emaciated. His pulse, of the Corrigan type, was 80 per minute. When resting in the recumbent posture his breathing was quiet. Temperature was usually one degree below normal. The radial and temporal arteries were rather hard, and the latter were tortuous. A diastolic murmur and a systolic murmur were heard at the aortic orifice. The impulse of the heart was not very strong, and the left ventricle did not appear to be greatly enlarged. The lungs were emphysematous, and an area of impaired resonance, amounting to almost dullness, was discovered on each side of the spinal column, opposite the spines of the scapulæ. An indurated mass, apparently about the size of a walnut, more or less movable, was felt in the epigastric region to the right of the median line, and about midway between the ribs and the umbilicus. The growth was not sensitive to rather rough manipulation, and he had not experienced any pain for a number of months. His bowels were sluggish, and it required active

agents to evacuate them. No tumor besides the one connected with the stomach was felt or suspected in any other portion of the abdomen. He vomited almost daily. The liver and spleen were not enlarged. The urine was free from albumen.

By securing daily evacuations from the bowels, and giving him nutritious, easily assimilated food, the vomiting nearly ceased. He improved, and left the hospital the latter part of March. Early in April he was admitted to the Jefferson Medical College Hospital, where he came under my care the 1st of May. At that time he was eating but little, the abdomen was considerably distended by gas, and his bowels required repeated large enemata or enormous doses of purgatives to secure their action. On the 4th of the present month he experienced great pain in the right iliac region, and just to the right of the median line of the abdomen, midway between the pubes and umbilicus. Over and around the latter painful spot a circumscribed highly tympanitic and sensitive area, about the size of a man's double fist, was observed. Circumscribed peritonitis was diagnosed. Large doses of morphia, administered hypodermically, were required to relieve pain. The stomach became irritable and the peritonitis more general. He died during the afternoon of the 8th of May.

Sectio cadaveris, four hours after death, by the pathologist of the hospital, Dr. Morris Longstreth:

Thorax. About seven ounces of perfectly clear serum were found in the pericardium. No evidence of pericarditis existed. Left side of heart firmly contracted; right side relaxed and contained considerable fluid blood. Right side of heart and its valves normal. No lesion found at mitral orifice. Free borders of the leaflets of the aortic valve are thickened and slightly contracted, allowing regurgitation to take place at the aortic orifice. Aorta atheromatous, dilated, and decidedly roughened near the aortic orifice. Left ventricle slightly hypertrophied. Lungs deeply pigmented, and generally emphysematous; both congested posteriorly. Surfaces of both apices covered with patches of fibroid thickening. Abundant evidence of diffuse peribronchitis chronica was present. Bronchial tubes of the lower lobes of both lungs much dilated. Bronchial glands at the root of the lungs very much enlarged.

Abdomen. On opening the abdominal cavity considerable very offensive gas escaped from the upper part. On the right of the median line of the abdomen, from the umbilicus downward, the abdominal wall anteriorly was adherent to omentum and intestine over an area of about five inches in diameter. Lower third of abdominal cavity was filled with a yellowish-white, cloudy liquid. The intestines were bound together by numerous adhesions. The stomach, which I show you, is small, and its coats are thickened. The hypertrophy of the wall of the stomach is slight at the cardiac end but, gradually increasing, becomes considerable at pyloric. The wall of the pylorus and adjacent portions of the stomach and small bowel is about one half inch thick. At this point the mucous surface presents several fungous-looking outgrowths. The small bowel, with the exception of about half an inch of the upper portion of the duodenum, appears normal. In the colon, about six inches from the ileo-cecal valve, is a stenosis barely admitting the end of my little finger. The wall of the colon at the point of narrowing, which extends three or four inches of the length of the bowel, is greatly hypertrophied, measuring about one third of an inch in thickness. The colon, from its beginning to point of construction, is dilated into a large pouch, measuring four and a half inches in diameter. The dilated portion of the bowel presented a dark gangrenous appearance, distended by gas; was adherent to the anterior wall of the abdomen, just to the right of the median line. The remaining portion of the large bowel appears to be healthy. No enlargement of the mesenteric glands was observed. Liver, spleen, and pancreas were small and firm, but free from malignant growths. Both kidneys were reduced in size; contained a few small cysts. Their cortical substance was lessened, and their capsules were abnormally adherent in places.

Remarks. It is worthy of remark that, although considerable thickening and induration existed at the pyloric end of the stomach, the orifice remained sufficiently patulous to allow the food to come in contact with the intestinal juices. Another point of interest is seen in the existence of so great amount of narrowing in the caliber of the large bowel with no symptoms, except easily obviated constipation, until a short time before the man's death. It seems to me remarkable that a bowel so dilated above the point of a narrow constriction should be able to respond painlessly to purgatives.

Mitral Stenosis and Regurgitation formed by Tricuspid Regurgitation and General Dropsy. By J. T. Eskridge, M. D.

Ellen D., forty-eight years old, single, servant, was born in Ireland. Her mother died from some chest trouble when about forty years of age. Her relatives were subject to "pleurisies and rheumatism." Her father lived to an advanced age. Ellen enjoyed good health until six years ago, when she suffered from three attacks of rheumatism within a few months. During each attack she was lame in her feet and legs. After those rheumatic seizures she was comparatively comfortable until the early part of the year 1879, when she noticed that going up and down the stairs or prolonged or active exercise exhausted her more than usually, and gave rise to palpitation of the heart. In the year 1880 she had another slight attack of rheumatism. She said her feet were almost constantly swollen during the years 1881 and 1882. Last summer her general health improved, but when the cold weather of the following fall and winter set in, increasing dropsy and dyspnea returned. She was admitted into the wards of the St. Mary's Hospital December 5, 1882, suffering greatly from general cardiac dropsy and associate symptoms. One month later it was noted that she temporarily improved after admission, but the dropsy re-occurred, and she failed rapidly.

January 10, 1883, her condition was observed to be as follows: She was jaundiced, irritable, and morose. She dozed frequently. Her mind seemed clouded, but she was very restless. The tongue was heavily coated, breath had an offensive urinous odor, stomach was irritable, and anorexia almost complete. The urine was diminished in quantity, and contained abundance of albumen. Effusion existed in each pleural cavity, slight in the right, but the left side was filled up to the lower angle of the scapula. The pericardium contained an increased quantity of liquid. The lungs were congested, and numerous moist bronchial râles were present. Arterial pulsation was seen only in the carotids. Visible venous pulsations were very pronounced in the veins of the neck, and in one or two superficial veins on the anterior surface of the chest. After emptying the veins and exerting pressure upon them they were observed to fill from the cardiac side and again pulsate while the finger was still firmly held against the vessels. A wavy impulse extending over a large area was seen. The cardiac pulsation was most marked just below the lower end of the sternum. The pulse was very irregular and difficult to count, being about 120 per minute. It was intermittent, and irregular in volume and frequency. The variations of the pulse were most prominent when the hands were raised above the head. The impulse of the heart was felt over a large portion of the anterior surface of the chest. The area of the cardiac pulsation was bounded on the left by a point in the fourth intercostal space external to the left nipple, on the right by a point one inch internal to the right nipple, below by a point two inches below the sternal notch, and above by the left second intercostal space. Hepatic venous pulsation was very distinct. Percussion dullness was increased most on the right side. The pulmonary and aortic valves were apparently free from disease. A presystolic murmur, with its seat of intensity over the left fourth costo-sternal articulation, was heard. A systolic murmur, whose seat of intensity was over the left fifth costal cartilage, was heard over the anterior surface of the chest from nipple to nipple, and in the left axilla. It was difficult to determine whether the murmur was audible posteriorly, as the bronchial and crepitant râles and rapid breathing were confusing. Four or five days later the presystolic murmur ceased to be audible. At that time general anasarca was well pronounced. January 24th she went into a semi-conscious condition, which gradually deepened into coma. She died January 26th. She expectorated considerable blood and frothy mucus during the last month of her illness. Sectio cadavaris twenty-four hours after death. Body well frozen. Considerable adipose tissue still remained. Thoracic and abdominal cavities only examained.

Thorax. Left pleural cavity almost completely filled with a thin, straw-colored, serous fluid, right pleural sac nearly half full of a similar effusion. Were no pleural adhesions. The left lung was crowded into a small space, and congested; the lower lobe sank in water. The right lung was being encroached upon by the effusion, and its lower lobe was consolidated; the upper emphysematous.

The pericardium contained about six ounces of fluid similar to that found in the pleural cavities. No adhesions or patches of fibrinous exudations were seen on the

surface of the heart. The cavities of the heart were relaxed and filled with dark fluid blood. The right auricle is greatly dilated. The tricuspid orifice admits the ends of the thumb and all the fingers of one hand up to the distal joint. The right ventricle is dilated, and its wall is thickened. The tricuspid valve is insufficient. The valves at the pulmonary and aortic orifices are thin, but competent. These orifices are not constricted. The wall of the left ventricle seemed to be thickened, and the ventricle is slightly dilated. The left auricle is greatly dilated. The curtains of the mitral valve are adherent to each other near their attached borders, and constrict the orifice, which they are no longer able to close, into a round opening only large enough to admit the end of the index finger.

Abdominal Cavity. The blood-vessels of the stomach and bowels distended. The mucous membrane softened. Liver heavy, dark, and grated under the knife. Spleen enlarged, congested, and denser than normal. Pancreas healthy. Both kidneys were congested, slightly cirrhotic, but contained considerable functionating tissue.

General dropsy is rare in cases of mitral stenosis, except, as in the present instance, where it is combined with mitral insufficiency. No thrill was present during my attendance, which extended over a period of four weeks immediately preceding her death. The mitral presystolic murmur ceased to be audible during the last two weeks of her life. The absence of the presystolic murmur in cases of extreme stenosis of the mitral orifice, late in the disease, when the heart is weak and is acting rapidly and irregularly, has led some observers to believe that the murmur is frequently absent throughout the course of this form of valvular lesion. To this point I directed special attention in a recent paper on the "Diagnosis, Prognosis, and Treatment of Mitral Stenosis," read at the last meeting of the Pennsylvania State Medical Society.

Congenital Malformation of the Heart with Cyanosis; Death at the age of twenty-nine years from Pulmonary Tuberculosis. Dr. J. T. Eskridge gave a detailed account of the above case. The patient, a man twenty-nine years old, had never been strong and able to run and play like other boys without suffering from severe palpitation of the heart. So far as the man could remember, he did not become blue before his twelfth year. After the occurrence of cyanosis his health was much worse. He had rarely experienced pain in the region of the heart. One year ago he first observed pains shooting through the upper portion of the right side of the chest. These continued, and at times were severe, being sharp and lancinating in character. From the first appearance of the pains he began to lose flesh and strength. About the time of the beginning of the chest pains a dry, hacking cough commenced, but expectoration was not profuse until a few weeks before he first saw him, when he took a heavy cold, which was followed by high fever, great prostration, and profuse night-sweats. He was admitted to the St. Mary's Hospital January 2, 1883. The surface of his body presented a dusky hue, and his face, neck, hands, and feet (especially the fingers and toes) were quite blue. When he sat up, the blue color of the mucous surface of the lips deepened into dark purple. The distal phalanges of the fingers and toes were hypertrophied, and the small superficial veins of the face, fingers, and various other portions of the body were easily seen and counted. The upper lobe of the right lung was consolidated, and contained a cavity; the lower lobes were partially infiltrated. In the left lung the lower lobe was solid, and the left was being infiltrated. Over the left lung pleuritic friction râles were numerous.

No venous pulsation was discovered. A presystolic thrill was felt in the third and fourth intercostal spaces to the left of the sternum, and was barely appreciable in the third intercostal space at the right border of the sternum. Percussion dullness was increased laterally. The cardiac impulse was felt and seen in the fourth intercostal space external to the left nipple.

A systolic and a presystolic murmur, with their seats of intensity near the left fourth costo-sternal articulation, were heard. The systolic murmur was audible anteriorly over a large area, and posteriorly at the lower angle of the left scapula. Anteriorly the systolic murmur was heard as low as the seventh rib on each side of the sternum, faintly just below the left clavicle, but it was lost just below the right clavicle. The systolic murmur was audible in the left axillary region, but not in the right. The presystolic murmur was limited to a small area.

The next three days the temperature varied from 100° to 102.5°. On the 6th he coughed up several mouthfuls of blood unmixed with mucus. From the 7th to 11th was profuse expectoration of purulent matter containing small quantities of blood.

Breath was very offensive, and the apex of the right lung was breaking down rapidly. Diarrhea was rebellious and exhausting. He died suddenly on the morning of the 12th.

Post-mortem examination was made about four hours after death. The lungs were infiltrated by tubercle. The left pleural cavity had been obliterated by general pleuritic adhesions; the right contained about three pints of sero-sanguinolent fluid.

Heart. Numerous pleuro-pericardial adhesions were present. The pericardium was not inflamed on its internal surface, and was nowhere adherent to the heart, but it contained about two ounces of a straw-colored serous fluid. The heart was anemic, flabby, and dilated. Its cavities contained a small quantity of fluid blood. No heart-clot had formed. The right auricle, including its appendix, was enormously dilated. The right auricular wall was somewhat thickened. Across this auricle a thin membranous slip stretches from right to left, and from above downward. Its attachment above was at the upper portion of the auricle to the right of the appendix; below at the left margin of the tricuspid orifice. The imperfect septum, he thought, had been an attempt by nature to divide the auricle into two nearly equal compartments. The inter-auricular septum was imperfect, the foramen ovale being sufficiently patulous to admit the passage of his thumb from the right auricle into the left. The right auriculo-ventricular orifice was enlarged, and admitted the ends of the thumb and all the fingers of one hand. The right ventricle was dilated to nearly twice its normal size. Its wall was not much thickened. A patch of fibroid induration, one inch long by half an inch wide, was seen on its endocardial surface. The anterior and posterior segments of the tricuspid valve were united and formed one large leaflet. The left segment was so situated that it could not have aided materially in closing the auriculo-ventricular orifice. The greater portion of the imperfect segment was stretched across the ventricle near the apex of the heart, and more or less obstructed the current of blood from the ventricle into the pulmonary artery. Free regurgitation at the tricuspid orifice was permitted on account of the large size of the orifice and the imperfect condition of the valve. The other valves of the heart were thin, but competent. None of the orifices of the heart were constricted. The left cavities of the heart were rather small. The pulmonary artery was smaller than normal.

No special disease besides a fatty condition of the liver was seen in the abdominal organs.

In his remarks on the case Dr. Eskridge said that the membranous strip which extended across the right auricle vibrated with the auricular current of blood, and probably had given rise to a presystolic murmur. If the blood, in struggling through the patulous foramen ovale, had given rise to a murmur, it also would have been presystolic in time. He stated that the presystolic murmur in the case was well defined, and easily distinguished from the systolic one, and thought it was unfortunate for the science of physical diagnosis that both these conditions existed in the same heart. He knew no means by which one would be able to attribute the presystolic murmur to one or both of them, since it was not positive whether an intra-auricular current was capable of developing a presystolic murmur. He desired that the heart should be referred to a committee of three for a fuller report on the congenital malformation.

THE AMERICAN MEDICAL ASSOCIATION.

The following is the list of the papers presented before the various sections of the American Medical Association at the session just closed. The attendance was unusually good, and the work done in the various sections was of superior character. In our next issue we will lay before our readers a full and complete report of the proceedings.

The programme for the first day consisted of the annual address of the president and the reading of the following papers:

Yellow Fever, by Robt. D. Murray, M.D., U. S. Marine Hospital Service. Dr. Jones, of New Orleans, La., Dr. Ketchum, of Mobile, Ala., and Prof. Henry F. Campbell, of Augusta, Ga., have been invited to follow in the discussion.

Milk Sickness, by William Morrow Beach, M. D., Ohio.

Chronic Intero-pelvic Inflammation, by W. H. Byford, M. D., Illinois.

Post-partum Polypoid Tumors, by Henry G. Landis, M. D., Ohio.

The Restoration of the Perineum by a New Method, by Henry O. Marcy, M. D., Massachusetts.

Enterotomy as a Complication in Ovariotomy or Oöphorectomy, by R. S. Sutton, M. D., Pennsylvania.

Illustration of Anatomical and Pathologi-

cal Papers, by Alfred F. Holt, M. D., Massachusetts.

Comparison of Antiseptic and Non-antiseptic Methods of Treatment, by Dudley P. Allen, M. D., Ohio.

Value of Early and Late Operations in Morbid Growths, especially Malignant, by Prof. S. D. Gross, M. D., Pennsylvania.

Treatment of Synovial Diseases by a New Method, by Henry A. Martin, M. D., Massachusetts.

Radical Cure of Hernia by a New Method, by R. A. Vance, M. D., Ohio.

On the Surgical Use of Electrolysis, by Robert Newman, M. D., New York.

Medical Education the Fundamental Fact in Medical Ethics, by Albert L. Gihon, M. D., U. S. Navy, District of Columbia.

Sanitary Disposal of Refuse, by Henry Leffman, M. D., Pennsylvania.

Paralysis of the Facial Nerve in connection with Diseases of the Ear, by Laurence Turnbull, M. D., Pennsylvania.

Hysterical Amblyopia, by J. E. Harper, M. D., Illinois.

Tonsillitomy by Écrasement, by W. C. Jarvis, M. D., New York.

Action of Nitrate of Silver on the Mucous Membrane of the Throat, by Carl Seiler, M. D., Pennsylvania.

Tumors of the Post-Nasal Space, by E. Fletcher Ingalls, M. D.

Myringitis, by C. Williams, M.D., Minnesota.

Hereditary Syphilis, by G. W. Burton, M. D., Indiana.

Cholera Infantum, by B. W. Ryan M. D., Indiana.

Pediatric Medication, by J. B. Casebeer, M. D., Indiana.

The Relation of Teeth to other Organs, by Wm. D. Kempton, M. D., Ohio.

Amaurosis Dependent on Dental Irritation, by W. W. Alport, M. D., Illinois.

Denudation or Erosion of the Teeth, by John S. Marshall, M. D., Illinois.

The programme for the second day was the reading of the following papers:

The German Theory of Disease with Microphotographic Illustrations, by W. F. Belfield, M. D., Illinois.

Mechanical Remedies in the Treatment of Skin Diseases, by John V. Shoemaker, M.D., Pennsylvania.

On a New Method of Procuring Pure Pancreatic Juice, with Exhibition of Animal, by L. B. Tuckerman, M. D., Ohio.

Sub-Involution, its Cause and Treatment, by R. Beverly Cole, M.D., California.

Post-partum Atrophy of the Uterus, by J. Tabor Johnson, District Columbia.

The immediate application of Sutures in Puerperal Laceration of the Cervix and Perineum, by E. C. Dudley, M. D., Illinois.

What Means can be judiciously Used to Shorten the Term and Lessen the Pains of Labor, by John Morris, M. D., Maryland.

Cases in Practice, by Donald Maclean, M. D., Michigan.

Comparative Value of Antiseptics, by Henry O. Marcey, M. D., Massachusetts.

Amputation Below the Knee Joint in preference to "Brisement Force" or Resection, in *certain cases* of Deformity with Anchylosis, illustrated by two cases, by Lewis Hall Sayre, M. D., New York.

Report of a case of Re-amputation at the Hip Joint; Secondary Hemorrhage on sixth day; Ligature of the primitive Iliac Artery, by John H. Packard, M. D., Pennsylvania.

Treatment for Tender Spines by Subcutaneous Incision, by V. H. Coffman, M. D., Nebraska.

A Case illustrating the Segmental Feature of Glaucoma, by H. Culbertson, M. D., Ohio.

A New Method of Examining the Throat of Children and exhibition of Tonsillitomy, by Lewis Elsberg, M. D., New York.

A Case of Round-celled Sarcoma of the Lachrymal Gland, by F. D. Keyser, M. D., Pennsylvania.

Tinnitus Aurium and the Deafness which accompanies the Different Forms of Bright's Disease, by Laurence Turnbull, M. D., Pennsylvania.

Questions on the Etiology of some Forms of Lenticular Opacity, by J. L. Thompson, M. D., Indiana.

Croup and Diphtheria, by E. L. Boothby, M. D., Wisconsin.

Epidemic Jaundice among Children, by Alexander Y. P. Garnett, M. D., District of Columbia.

Unity of Diphtheria and Membranous Croup, by A. Harris, M. D., Virginia.

First Dentition, by J. Taft, M. D., Ohio.

Myxoma of the Tongue, by C. R. Agnew, M. D., New York.

Minor but Important Points in the Operation for Hare-lip, by F. H. Rehwinkle, M.D., Ohio.

The programme for the the third day was as follows:

Vaccination and Propagation of Vaccine Virus, by H. A. Martin, M.D., Massachusetts.

Elements of Prognosis and Therapeutics of Laryngeal Tuberculosis, by Solis Cohen, M. D., Pennsylvania.

Is Croupous Pneumonia an essential Fever, and is Blood-letting demanded in its Treatment? by H. G. Sharp, M. D., Ohio.

On the Specific Treatment of Enteric Fever, by James C. Wilson, M. D., Pennsylvania.

Battey's Operation—Death from Ether, by R. Battey, M. D., Georgia.

Value of Gynecological Treatment in Hysteria and Allied Afflictions, by P. Zenner, Ohio.

On the Midwifery and Gynecology of the Ancients, by G. M. B. Maughs, M.D., Missouri.

Excision of both Hip Joints, by W. A. Byrd, M. D., Illinois.

Surgical Treatment of Intestinal Obstruction, by Henry O. Marcy, M. D., Massachusetts.

Treatment of Fractures of the Long Bones, by James R. Taylor, M. D., New York.

Carbolic Acid and its relation to Surgical Therapeutics, by C. Truesdale, M. D., Illinois.

Appearance of the Diseased Mucous Membrane of the Nose and Throat of Adult Patients, by J. E. Rumbold, M. D., Missouri.

Is Abscission a proper Operation? by J. J. Chisholm, M. D., Maryland.

A Form of Spectacles in Lieu of Nose Pieces, by H. Culbertson, M.D., Ohio.

Nasal Disease the Frequent Cause of Asthma, J. O. Roe, M. D., New York.

Acute Lung Inflammation in Children under Six Years of Age, by A. Patton, M.D., Indiana.

Diphtheria, by W. F. Sharrer, M. D., Indiana.

Lupus of the Palate, by Carl Seiler, M. D., Pennsylvania.

Some Illustrative Cases of Tumors of the Mouth, by D. H. Goodwillie, M. D., New York.

A Gigantic Elephant at the Schoenbrunn Imperial Menagerie, near Vienna, was poisoned April 5th by command. Fifty grams of prussic acid were administered to him, after swallowing which he died in less than eight minutes.

Music as a Therapeutic Agent.—At the request of the chief medical officer of the military hospitals of Paris, a regimental band has been detailed to play at each of the three hospitals one day in the week for an hour. It is hoped and believed that the effect of the music will be to hasten the convalescence of the sick soldiers.

Correspondence.

THROMBUS OF THE VULVA.

Editors Louisville Medical News:

On Monday morning, April 21st, I was called in consultation with Dr. W. to consider the case of Mrs. W., multipara. The evening before she was delivered of a female child after a very short and easy labor. The only abnormal thing the attending physician noticed was an obliquity of the fetal head toward the left side. About midnight the lady had severe lancinating pains in the lower abdominal regions, which continued without abatement till morning. The doctor frankly confessed that he had no idea what was the matter. The nurse, an elderly woman of large experience, was thoroughly convinced that another child was awaiting help to enter the world.

After making a careful examination, I suggested the idea that it was a large thrombus of the right vulva. In this belief the doctor coincided. The tumor, though large, was not soft and fluctuating to the touch. We decided not to make an incision, but to adopt the expectant plan of treatment. Morphia was administered in full doses, and hot water applied every minute. The patient ceased her moaning, and became quite comfortable after the lapse of half an hour. The urine was drawn off with a catheter. In a week Dr. W. reported the tumor as somewhat smaller, but still a little painful. An ointment containing iodide of potash, stramonium, and camphor was applied with good results. The tumor is much smaller now, and the patient can urinate and walk about. Some years ago she fell on a chair-back and injured herself in the right groin.

Levi Chase.

Irwin, Kansas, May 26, 1883.

Editors of Louisville Medical News:

I expect I can report a case of the youngest grandmother in this country. Mrs. C. was born 1854, married 1867; a daughter was born in ten months afterward. The daughter married in 1882, and in March of this year, I was with her at the birth of her nine-pound boy. The youthful grandmother, not quite twenty-nine years old, was also present.

R. S. Stanley, M.D.

Booneville, Miss., May 28, 1883.

Selections.

ON THE USE OF ANESTHETICS DURING LABOR. By Thos. D. Savill, M.D., London.

In opening this discussion, I will ask your attention to three questions:

First. What are the advantages and disadvantages of the use of anesthetics during normal labor?

Second. What are their advantages and disadvantages during abnormal labor?

Third. What is the best kind of anesthetic to use, and the best mode of administration?

1. In normal labor. Many years ago this subject had a moral aspect, and I am told that the question still exists in the minds of the laity, but we need scarcely stop to discuss it now. The pains of even healthy labor are in some cases very severe, producing at times what almost amounts to delirium. Are we not then justified in giving some form of anodyne, just as we would for a neuralgia? Provided we avoid certain risks, why should we not assuage the pain in the one as well as in the other? In these days of scientific medicine, when we are so far in possession of the knowledge of the conditions and sources of danger, we can with greater boldness employ agents for the relief of suffering, which, in darker times, we rightly hesitated to use even for the necessary treatment of disease. Moreover, pain is a depressing agent in itself, and lowers the vitality of the sufferer; and we ought on this account to relieve it where possible. Of course, it behooves us first to become acquainted with the risks we run, and to see that they are reduced to a minimum. But the relief of pain is not the only advantage which anesthetics have in normal labor, for they also obviate a tendency to certain complications. Rigidity of the cervix and other irregular uterine contractions, depending on functional causes, are less likely to occur when chloroform has been given even to a slight extent; and the indirect good thus done is equivalent to all the advantages of a speedy over a tardy labor. Again, in some women there is an inherent predisposition to puerperal convulsions, so justly dreaded by the obstetrician; and this tendency anesthetics will counteract by quieting the nervous system and abolishing the pain which acts as an exciting cause.

It is right, however, that we should bear in mind the objections that there are. The first, and indeed the only formidable one, is the tendency to produce *post-partum* hemorrhage. It is now well established that both ether and chloroform, when given to the full extent, produce great relaxation of the muscular tissues throughout the body—voluntary and involuntary. About the voluntary anyone can assure himself; and that the organic muscles also share in the general relaxation is evidenced by the diminished vermicular movements of the intestines of an animal after death; by the dilatation of the pupil which occurs after the initial stage of administration; and by the diminution and sometimes abolition of the uterine contractions which occur when the full effect of either of these drugs is induced. It is in this way that they hinder nature's method of closing the uterine sinuses after the separation of the placenta, and then flooding occurs. How to obviate this untoward result should be one of our chief aims when an anesthetic has been used.

By interfering with the uterine contractions before expulsion of the fetus, labor becomes somewhat prolonged. And further, all anesthetics (but especially ether) are apt to be attended with troublesome vomiting, and followed by headache and depression.

You will notice that all these evils arise from complete anesthesia. Partial anesthesia is not attended by them, if other conditions be favorable; and I believe it is this fact which will explain the discrepancy between some of the statements as to the effect of anesthetics on the uterine contractions.

2. Let us turn now to the case of abnormal labor. By that, I mean labor that is complicated in some way, or necessitating some form of operative interference.

Here, besides relieving pain, an anesthetic greatly facilitates manipulations of all sorts. That very relaxation which is otherwise an evil is here of great use; especially is it so in the operation of turning. Of all operations, perhaps it is more advantageous in cases of version than in any other; but at all times, whether for craniotomy, cephalotripsy, high forceps operation, or the introduction of the hand into the uterus, fully induced anesthesia gives great satisfaction to the operator and much ease to the patient, enabling her to undergo the operation without movement or shock. Again, besides obviating a tendency to the two complications—spasm of the cervix and puerperal convulsions—chloroform constitutes the best and speediest mode of treatment for both of these conditions when they arise; the first by relaxing tissue, and the second by abolishing the reflex excitability of the nervous system.

The disadvantages are, first, The great tendency to the production of *post-partum* hemorrhage as already mentioned; and second, a fresh one, in the way it muffles and obscures the pain, so that we can not tell the precise moment to aid nature with our efforts. This applies mainly to the group of forceps operations.

3. We now come to the question: What is the best anesthetic to use, and the method of its administration? The division of cases into normal and abnormal has a practical application; for, in normal cases it is given solely with the object of relieving pain, and it is quite unnecessary to push the anesthetic to loss of consciousness; but, in abnormal cases, besides relieving pain, it is given as part of the treatment, and complete anesthesia must be induced.

The best kind of anesthetic to use has hitherto been pretty well agreed upon; for, although many drugs have been suggested, chloroform has justly carried off the palm. Of the two commoner anesthetics, chloroform and ether, we know that whereas chloroform tends to produce death suddenly by cardiac paralysis or syncope, ether in most cases tends to death by choking up the lungs or larynx. In the fatal syncope of chloroform, all is over in a moment; artificial respiration or any thing else is of little or no avail. But, in the asphyxia of ether, by pulling the patient's tongue forward, rolling him over on his side, and lastly, by artificial respiration, we can almost always restore him. And this constitutes the only though great advantage of ether over chloroform in ordinary cases. But these arguments do not hold in labor, for it is now well known that chloroform has but little tendency to the production of fatal syncope in pregnant women; a fact which may be accounted for, partly by the cardiac hypertrophy that always accompanies pregnancy, and partly by the absence of any thing like terror in the excitement of the moment. On the other hand, the disagreeable irritation of the lungs which ether produces, and the struggling and length of time it takes to produce anesthesia (especially in unaccustomed hands) constitute very great objections to its use in parturition. Some, however, still prefer it, and no doubt it is of much value when, for some reason, chloroform can not be given. Methylene dichloride has been tried, and found wanting; and you will find the merits of nitrous oxide expounded by Dr. Macan in the Journal for February 2d of this year. Chloral is useful during the first stage—at which time chloroform is not advisable—and is warmly supported by Dr. Playfair. Its action is the same as chloroform, and it is safer, but it is also much less speedy and efficacious.

The method of administration of chloroform must differ according to the purpose we have in view. If the relief of pain be our only object, its partial administration may be effected either by giving the crude drug in small quantities, or by diluting it to the appropriate strength with alcohol. This latter method has the advantages of being safer and more exact. The alcohol also, in some degree, counteracts the depressing influence of the chloroform. I believe the most convenient proportions to be equal parts by measure of chloroform and rectified spirit; and there are two small practical points worth noting, (1) the addition of some aromatic serves to make the mixture more agreeable, perhaps to prevent sickness and to avoid confusion with pure chloroform; (2) add the chloroform to the spirit, so as not to get a precipitate.

Concerning the inhaler, the simplest is the best. A perforated box with a pad of lint inside, or handkerchief folded, will do, or Skinner's inhaler and drop-bottle are convenient. There is no need for a special administrator in these cases; the patient can give it to herself. Direct her to take half a dozen deep inhalations, and then, as she becomes drowsy, the inhaler drops off and the administration ceases. A useful test of the effect produced is her power of conversation.

In normal cases chloroform should not be given in the first stage, when it materially interferes with the mechanical dilatation of the os. In the second stage it may be given at any time, and becomes especially necessary toward the end, as the head passes the vulva. Much of the success, or the reverse, depends on the precise moment at which the administration is stopped. If too early, the patient is unrelieved during the most painful period of the whole labor; if continued too long, you run the risk of hemorrhage. In the third stage it is not called for at all, except perhaps in some cases of retained placenta from hour-glass contractions.

In abnormal cases, where it is desirable to produce complete anesthesia, the crude drug must be administered; and it is of the utmost importance for one person to devote his attention entirely to the anesthetic. The mode of administration differs in no way

from ordinary cases, except perhaps for the length of time it may be given.

In conclusion, allow me to indicate by way of summary what I believe to be the main precautions, whose observance would render the use of chloroform perfectly justifiable:

1. There are certain women who have a tendency to flood at every confinement, and others in whom there seems an already too great relaxation of fiber—weak anemic females in their eighth or tenth confinement; and to these it would be unadvisable to give chloroform except for necessity. Happily, it is not these women who suffer the most pain, but rather those strong healthy primiparæ whose pelves and general build approximate to the masculine type.

2. We should not give it when labor is complicated with severe vomiting, or with acute disease of the heart or lung, unless there be imperative calls for it.

3. It should not be given to the full extent except for operation, convulsions, or spasm of the cervix; and then it is most necessary that one person should devote his entire attention to it.

4. The inhalation should be stopped directly we find the pulse becoming very weak or the respiration irregular.

5. Any thing which makes us suspect a fatty or enfeebled cardiac wall should make us cautions in the use of chloroform. Here, as in cases other than those of labor, it is not the most extensive valvular disease (so long as it be attended by compensating hypertrophy), but the atrophied or degenerate wall that constitutes the source of danger. Unfortunately the signs of these conditions are subtle and uncertain; but a fatty heart may be suspected by an exceedingly feeble cardiac impulse combined with an almost inaudable first sound; or attacks of dyspnea, vertigo, and syncope, in the absence of anemia, or valvular lesion; or the copious deposit of fat in other parts of the body, and the occurrence of dropsy without adequate cause. A dilated heart may be suspected by increased area of precordial dullness combined with epigastric and venous pulsation, and a want of correspondence between the violence of the cardiac impulse and the strength of the pulse. Pericardial adhesions also form a great source of danger. They may be suspected when the heart's apex is fixed above its normal position and does not shift with respiration; or when there is depression instead of protrusion of intercostal spaces over the position of the apex, giving a wavy character to the cardiac impulse.

6. The sixth and last precaution I would mention is this: In all cases we should take extra care to prevent the occurrence of hemorrhage after birth, by giving a full dose of ergot in a little warm water when the head reaches the perineum, by ceasing the chloroform immediately it is born, and by rousing the patient from her lethargy as soon as possible.

MIDLAND MEDICAL SOCIETY.—E. Malins, M.D., president, in the chair. (British Med. Journal).

Hysterical Paraplegia. Dr. Suckling told of a case of paraplegia in a woman, aged twenty-five, which he considered to be hysterical. During an attack of subacute rheumatism a sudden rise of temperature occurred, attended with complete spastic paraplegia; but in twenty-four hours the rigidity passed off and the patient was able to move about. There was ankle-clonus and an increase of patellar reflexes on both sides; also analgesia. Electrical sensibility had been found to vary considerably, the responses being normal.

Hypertrophy of the Toe-nails. Mr. Hugh Thomas exhibited two very long nails, removed from the great toes of a woman aged sixty-five. They had been allowed to remain uncut for eleven years. The right one measured five inches and a quarter, and passed under the four other toes; the left was three inches and three quarters in length and lay over the other toes of the foot. The patient was unable to walk. After the removal the matrix on both sides was found to be healthy.

Double Placenta. Mr. Thomas also showed a placenta, from a case of single birth, having a separate cotyledon imbedded in its membranes. Attached to it was a rudimentary cord inserted into the maternal end of the umbilical cord, suggesting the former existence of another fetus. During the whole period of pregnancy there was persistent vomiting. No *post-partum* hemorrhage took place.

Empyema: Paracentesis. Mr. Chavasse exhibited a child, seven years of age, upon whom he had performed paracentesis thoracis for empyema, by means of a double opening in the left eighth intercostal space. The child was lost sight of, but returned in four months with the drainage-tube *in situ* and lung collapsed. In a fortnight after the removal of the tube the wounds were

closed and the normal physical sign fully re-established.

Penetrating Gunshot Wounds of the Abdomen.—Dr. Arthur H. Robinson describes two cases where a revolver-wound was received in almost the same anatomical locality, but with different results. J. T., aged thirty-six was admitted into the hospital on September 11, 1879. While examining a loaded revolver one of the barrels exploded, and the contents were lodged in his abdomen. He was brought some distance in a cab, and arrived at the hospital half an hour after the occurrence of the accident. He walked to his ward and was at once placed in bed. A clearly-cut linear wound with slightly inverted edges was found two inches below the umbilicus and two inches to the left of the middle line. The patient complained of considerable pain all over the abdomen; his skin was cold and moist, breathing short, pulse small and very rapid. A probe was cautiously passed into the opening, and it was at once deflected to the right in the direction of the umbilicus but, immediately before reaching that point, it was again suddenly deflected in the direction of the abdominal cavity, which it unmistakably entered. The most careful examination of the parietes failed to discover the further course of the bullet, and it was considered to have embedded itself in the liver. Thirty minims of tincture of opium with brandy and water were at once administered, given in small quantity and occasionally repeated. Vomiting of a bilious character came on shortly afterward, and, as the patient suffered severly from the abdominal pain, referred more particularly to the region of the liver, it was decided to place him thoroughly under the influence of morphia administered hypodermically. This was accordingly done. By September 17th his condition began to show signs of improvement, and on the 20th his bowels acted for the first time. On the 23d he was able to take fish to his dinner, and on the 29th he sat up out of bed. The wound which had required next to no attention was healed completely. A close examination of the parietes, more especially the lumbar region, was again made but without any positive result. He was discharged on the twenty-third day after the injury. He consulted Dr. Frederick Page very shortly afterward for an attack of vomiting, which was considered to be due to peritoneal irritation. This subsided, and in a few weeks the man returned to his duties on board ship, and he has pursued them ever since (three and half years) without the least further intimation of the locality of the bullet's whereabouts.

Another case, in many respects similar to the first, came under Dr. Robinson's notice in 1880. This patient was a chimney-sweep, about twenty-eight years of age, and he had also been wounded in the abdomen by the accidental discharge of a revolver. On this man's admission into the hospital he was suffering severly from collapse. An opening was found in identically the same position as in the former case, that is two inches below the umbilicus and two to the left of the mid-line, but its edges were more contused and inverted. There was no hemorrhage externally and the wound was treated as in the previous case; indeed, the same general treatment was followed throughout. The parietes were carefully examined but the opening was not probed; the intense collapse rendering it almost certain that the ball had penetrated the abdominal cavity with the worst results. The pain was kept under by repeated hypodermic injections of morphia, but vomiting, generally billious in character, remained persistently. On the seventh day after the injury he died. Dr. Robinson examined the body some hours afterward, and, before opening it, attempted to pass a long probe into the track of the bullet. The wound was completely healed, and almost immediately after breaking through the cicatrix some obstacle was encountered. On opening the body the obstacle proved to be the small intestine in one clotted mass, the coils being firmly held together by thick, tough lymph. No trace of the bullet's track could be found in this, and the most careful examination of the entire small and large intestine failed to discover any sign of injury done to those organs in the form of a perforation. Nor was there any trace of extravasation of their contents. The search was continued further, but beyond what appeared to be a graze on the right side of the body of the first lumbar vertebra, no trace of the bullet could be found in the abdominal organs or the lumbar muscles though, doubtless, it was embedded somewhere in the latter.—*British Med. Journal.*

The head master of a boarding-school in England has been ordered to pay compensation to the amount of £15 to a boy on whose fingers he had inflicted permanent injury.

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, JUNE 16, 1883.

Medical Societies.

AMERICAN MEDICAL ASSOCIATION.

[From the report of the Medical News.]

The thirty-fourth annual meeting of this Association was held at Cleveland, O., June 5, 6, 7, and 8, 1883.

The president, Dr. John L. Atlee, delivered the annual address.

Dr. J. S. Billings, U. S. A., presented a communication from the President of the British Medical Association and Dr. Mahomed, inviting co-operation with the committee of the Association on the collective investigation of disease. Referred to the standing Committee on Atmospheric Conditions and their Relations to the Prevalence of Disease.

Dr. H. D. Didama, of New York, presented a communication from Dr. Tyndale, of New York, containing a petition to Congress, the Secretary of War, and the Signal Service Department, requesting that a committee of five professional gentlemen be appointed to establish climatic observations at the general health resorts and watering places, and to collect data in regard to the sanitary value of the localities in regard to pulmonary diseases.

Dr. S. D. Gross, of Philadelphia, offered a resolution, that, in recognition of the necessity of trained nurses, and the benefit that has arisen from the establishment of training-schools for nurses in large cities, the Association recommend the establishment of similar schools in every county of each State, instruction to be given gratuitously, or at rates which would not exclude the poor from their benefits.

SECTION ON PRACTICAL MEDICINE, MATERIA MEDICA, AND PHYSIOLOGY.

Yellow Fever. By Dr. Robert D. Murray, of U. S. Marine-Hospital Service.

From experience gained in the treatment of cases during the epidemics of 1873, '75, '76, '78, and 1882, Dr. Murray protested against theoretical therapeusis. After the patient is once attacked, all attempt to arrest the fever will only be time lost. Free catharsis should be produced; mustard pediluvia used, free diaphoresis promoted by drinking lemonade, and nausea allayed by iced-porter. During convalescence, water or Catawba wine should be given. Whisky he did not consider so good. He urged the importance of the recumbent position, and the avoidance of all muscular exertion.

Dr. Henry F. Campbell, of Georgia, regarded yellow fever as an asthenic fever, and compared it to the type of our own malarial fevers, though he would by no means identify it with malarial fever, which comes from the malaria of our swamps, since yellow fever he believed to be caused by blood-poisoning. Bleeding he believed to be, in some cases, beneficial; but he thought it was often used injudiciously. He considered it important that the colon and stomach of the patient should be invariably emptied. For the constipation, he recommended the administration of oil. As yellow fever is a congestive disease, and as quinine lessens the tendency to congestion, he was in the habit of administering grs. xv to xx quinine by enema, with starch, but he did not recommend the large doses advised by some German authorities. Champagne, soda water, and Apollinaris proved acceptable. His results by this method of treatment were fairly good, but he had lost about half his patients.

Milk-Sickness. By Dr. William Morrow Beach, of Ohio.

He believed it to be a disease *sui generis*. In his own county one fourth of the pioneers died of it. The disease is limited to certain localities, as for instance, Ohio, Indiana, Illinois, and Michigan, and has probably never been seen in New England, and its existence as a specific disease has gener-

ally been disregarded. In the lower animals it is called the "trembles;" it attacks alike wild and domesticated animals. Drinking milk, or eating the products of milk from infected animals, often gives the disease. The "trembles" is seldom met with in wet seasons. In prairies it is never seen. Animals may safely roam through infected districts if they are corraled until the morning dew is dispelled. He accepted the theory that the disease is due to a microscopic fungus.

Dr. Alonzo Palmer, of Michigan, considered the paper just read to be the best that had yet appeared on the subject, and suggested the desirability of the appointment of a committee for the minute investigation of of the disease.

SECTION OF OBSTETRICS AND DISEASES OF WOMEN.

Chronic Intra-pelvic Inflammation. By Dr. W. H. Byford, of Illinois.

The terms parametritis and perimetritis are erroneously supposed by many to include the whole subject of intra-pelvic inflammation. These terms are misleading, because, as now often used, they present to the mind the idea that all cases of inflammation not confined to the uterus must belong to one or another of them. Actual observation teaches the important fact that peri- and para-metritis usually exist together, and are usually complicated with inflammation of the uterus, and not infrequently the ovaries and fallopian tubes are involved. The obvious conditions of chronic parametritis are suppuration and chronic pelvic abscess, located more frequently, but not always, in the broad ligament, and the consequence of cellulitis. The chronic pelvic abscess is generally the sequel of acute inflammation, and attains chronicity from imperfect evacuation of pus after acute inflammation has terminated in suppuration. The remedy in such cases is found in surgery, and consists in making a more direct outlet, through the vagina, large enough to at once completely evacuate the pus and enable the surgeon to cleanse and disinfect the cavity. He cited several cases in illustration of his remarks, and in closing he said that the main object that he had in writing this paper was to caution his associates against the danger of converting a chronic pelvic inflammation into a disastrous acute form. He gave the following summary of suggestions and inferences deducible from them:

1. The sometimes terrible effects of examinations or operations in the pelvis, do not often, if ever, take place when there is not a perceptible predisposing inflammation.

2. The inflammation may be so light as to be easily overlooked.

3. It may be an original condition, the sequence of an acute attack long gone by, or it may be the product of some immediately previous examination or operation, the effects of which have not subsided.

4. To avoid the dangers of acute inflammation, we should, in making a first examination for pelvic disease, conduct it in such a way as not to give the patient much pain; and when she complains of much suffering, we should at once desist, even at the sacrifice of completeness of diagnosis.

5. Complaints of much tenderness to the touch, or from the use of instruments, is sufficiently diagnostic of inflammation upon which to base treatment for that condition.

6. If, with such tenderness, a thorough examination or an operation is imperative, it should be done under profound anesthesia. There is no question, in the author's mind, that much less danger of ill effects is incurred in making examinations or performing operations on susceptible subjects under the free use of anesthetics.

7. Examinations or operations should not be repeated until the effects of the first have entirely subsided.

8. As chronic parametritis is a frequent complication of most of the morbid conditions of the uterus, it should be always suspected, and its diagnosis be carefully considered in all cases of metritis.

9. When chronic parametritis is present, it should be the chief, if not the exclusive object of treatment until removed.

10. It is not safe to use the sound, spongetent, or intra-uterine stem when there is perimetric inflammation.

11. It is especially dangerous to replace a displaced uterus, when it is bound down by inflammatory adhesions, by any means that will overcome its fixedness by force.

12. The use of pessaries or supports of any kind which find their lodgment in the pelvis is generally followed by disastrous consequences where there is even slight perimetric inflammation.

13. All local treatment of the uterus must be conducted with the greatest care where this complication is present.

Post-partum Polypoid Tumors. By Dr. Henry G. Landis, of Columbus, Ohio.

He said the physician is sometimes blamed for not completely delivering the placenta

when the real condition is due to other substances than placental tissue.

1. Blood polyps may form after delivery, consisting only of coagulated blood.

2. Blood polyps *may* be associated with retained fragments of placenta or membrane.

3. The same condition may occur with strips of decidua prematurely detached.

4. The decidual membrane may undergo hypertrophy in places, giving rise to a sessile tumor of some magnitude and causing secondary hemorrhage, septicemia, etc.

To the few cases on record the writer added the details of two cases observed by himself.

Dr. John Morris, of Maryland; Dr. H. O. Marcy, of Massachusetts, and Dr. Wathen, of Kentucky, cited similar cases.

The Restoration of the Perineum by a New Method. By Dr. H. O. Marcy, of Massachusetts.

He claimed that the perineal body was an anatomical entity, and was the keystone in the arch of perineal support. Its physiological importance in parturition had been recently well demonstrated by Dr. Hart, of Edinburgh, and a thorough understanding of this would do much to lessen the frequent occurrence of perineal laceration. He presented a new method for repairing the perineum by the use of lateral support. This is accomplished by the use of wire of German silver, which possesses elasticity sufficient to make lateral tension, and the ends are so bent as to each form with the other support, thus a kind of "safety-pin" holds the refreshened parts in position.

Enterotomy as a Complication in Ovariotomy or Oöphorectomy. By Dr. R. S. Sutton, of Pennsylvania.

He cited two cases of removal of several inches of the small intestine, one by Prof. Billroth and one by himself, both of which recovered. In his own case he successfully removed four inches of the small intestine a few months ago. This was stated to be the first successful operation of this kind ever performed in this country.

THE SECTION ON SURGERY AND ANATOMY.

The Radical Cure of Hernia by a New Method. By Dr. Reuben A. Vance, of Ohio.

He said that the study of nature's method of curing an oblique inguinal hernia shows that there are two important processes at work. One a band of adventitious tissue about the neck of the sac constantly tending to contract and close the abdominal opening at the inner ring; the other, the return to place of the two layers of the transversalis fascia, the separation of which originally permitted the viscera to protrude, and a reunion of which forms a valve strong enough to prevent the recurrence of the hernial protrusion. Trusses favor a cure of the lesion. He then considered briefly the anatomy of oblique inguinal hernia, and the pathological processes in operation in such cases. He then described at length the method which he said had been very successful in his hands. He had operated on thirty-two cases by Dowell's method, and in nineteen cases the result, as far as the patient was concerned, was all that could be desired.

Dr. Fitch, of Maine, asked the proportion of recoveries in his cases.

Dr. Vance replied that he could not tell how soon, if at all, the hernia might return in the nineteen cases, but he hoped to publish the details of all his cases at some future time.

A Comparison of Antiseptic and Non-antiseptic Methods of Treatment. By Dr. Dudley P. Allen, of Ohio.

He said that it was beyond doubt that in this country antiseptic methods are in less favor than a few years ago. This change seemed to depend to a certain extent upon favorable statistics produced by Mr. Keith and Mr. Tait in ovariotomy since they have given up the use of antiseptics. Mr. Keith, however, believes in the principles of antiseptics, but he does not use the spray in operating upon the abdomen because he fears poisoning. Every thing coming in contact with wounds is cleansed thoroughly. The inference from Mr. Keith's practice would seem to be that in abdominal operations he considers the danger of infection from the atmosphere less than the danger of poisoning by carbolic spray. Dr. Allen described Mr. Lister's careful use of antiseptics, and the methods of Prof. Volkmann, of Halle, Saxony, and of Prof. Billroth. The antiseptic method may be grouped under one of three heads: 1st. The methods that prevent the entrance of germs to wounds, as represented by Mr. Lister; 2d. The method of Volkmann, which washes them from a wound while it is exposed, and then so protects the wound by dressing as to prevent germs reaching it; 3d. That of Billroth, which disregards the entrance of germs into wounds during the operation, and through the discharge during the process of healing, but destroys these evil influences by the pres-

ence of a powder that renders the wound continuously antiseptic.

In conclusion it would seem, (1) That the fact that operations on the abdominal cavity succeed without the spray does not influence the employment of antiseptics with regard to other operations where there is a continued opportunity for infection. (2) It would appear that the spray is the least important of all the details in antiseptic surgery, and that if the other details are attended to, the proper dressing of wounds, pressure, and drainage may, by securing absolute quiet for a wound, turn dangers into benefits. (3) That different methods are of different applicability, and that whereas the spray might be most desirable in opening joints, and in the atmosphere of hospitals with bad hygienic surroundings, flooding might be equally efficient in certain other wounds, and that some prominent antiseptic, as iodoform, would be most serviceable when other antiseptics are inapplicable, as in the removal of the tongue. (4) That although there are certain dangers in the use of antiseptics, these are more than equaled by the dangers attendant upon their omission, especially in large hospitals, and that dangers of poisoning are certainly decreasing as the application of antiseptics is becoming better understood; and further, that investigation may develop a method of securing antiseptic results less onerous and devoid of the disadvantages that now surround them. He summed up his paper by expressing the belief that the various antiseptic methods secured far better result than any other method.

Dr. Henry A. Martin, of Massachusetts, spoke strongly in opposition to antiseptic surgery in general, and Listerism in particular. He said Listerism was not cleanliness, as has been claimed, but the killing of certain supposed germs. He had opened the knee-joint by aspiration in a large number of cases of synovial effusion of the knee without the use of the antiseptic method, and in no instance had there been the first indication of an approach of trouble.

Dr. Nancrede, of Philadelphia, spoke as strongly on the other side, and predicted that the future surgery will be some modification, not of Listerian dressings, perhaps, but of the principles Listerism, which we all use and say we do not.

Dr. Quimby, of New Jersey, asserted most positively that the use of antiseptics strong enough to destroy germs in the atmosphere, is likely to produce poisoning of the patient.

Dr. McClurg, of Pennsylvania, said he was not particular to cleanse thoroughly his sutures, sponges, and instruments, and had never found any trouble from their use.

Dr. Garcelon, of Maine, spoke against Listerism, and testified to a successful country practice without the use of anesthetics.

Dr. Murdock, of Pennsylvania, favored antiseptic treatment, believing it to be the only proper treatment of wounds in general hospitals.

Dr. Watson, of New Jersey, earnestly advocated the principles and practice of Listerism. In cases of failure, the failure had not been the fault of the system or dressing, but had occurred through inattention to some of the details.

The next paper was by Prof. S. D. Gross, of Philadelphia. The chairman, in introducing Dr. Gross, said his paper had been written for the American Surgical Association, and was to be its property; and it was only with this understanding that Prof. Gross had consented to read it here. Some of the delegates manifested a desire to discuss the paper, but the paper not being the property of the Association, debate was held not in order.

The Treatment of Synovial Diseases by a New Method. By Dr. Henry A. Martin, of Massachusetts.

He illustrated the case of Martin's rubber bandage, and recited many cases of its successful application in cases of synovial disease.

Dr. Garcelon, of Maine, inquired if Dr. Martin recommended immobility of the joint or limb in the use of his bandage.

Dr. Martin replied, "Oh no, sir, never: I invariably instruct the patient to use the limb, and demand that he shall walk a mile a day, and as much more as he pleases."

Dr. E. M. Moore, of New York, indorsed all that Dr. Martin had said in favor of the bandage, but said he had not found it successful in cases attended by pulpy degeneration of joints, these cases all occurring in childhood or early life.

Dr. Martin said that in cases of periosteal disease the bandage was harmful.

GENERAL SESSION.

Fire-proof Buidling for the Army Medical Museum and Library. Prof. S. D. Gross, of Pennsylvania, read a communication signed by himself, Dr. Austin Flint, jr., and Dr. Oliver Wendell Holmes, urging upon the Association the importance of petitioning Congress to provide a suitable fire-proof

building for the Army Medical Museum and Library.

Dr. H. A. Johnson, of Chicago, then presented a series of resolutions petitioning Congress to make an appropriation for such a building and for the completion of the Index Catalogue of the Library, and also for an annual appropriation of $10,000 to enable the librarian to purchase for the library, as they are published, all medical books of this country and the more important of Europe.

The Association Journal. Dr. N. S. Davis, of Illinois, chairman Board of Trustees of the Association Journal, presented a report. After reading the resolutions adopted last year, instructing the Board of Trustees as to their duties, Dr. Davis read the conclusions at which the board have arrived after holding several meetings.

At a meeting held at the Grand Pacific Hotel, Chicago, January 17, 1883, at which Drs. Toner, Packard, McMurtry, Davis, and Connor were present, it was unanimously decided to publish the journal.

The following resolutions were adopted:

1. The editor is to take direct supervision of the work, and for business purposes should employ a clerk competent to assist in all business matters.

2. For assistance in editorial work he should select an assistant competent to collect and write up the progress being made in all departments of medical science, and should engage reliable correspondents.

3. He should establish correspondence with secretaries or proper officers of all State medical societies, with view to procuring official and private contributions to its pages.

4. Through his clerks, he should solicit advertisements from all medical educational institutions and hospitals open for clinical instruction, book publishers, pharmaceutists, instrument-makers, and all other legitimate business interests; but all advertisements of proprietary, trade-mark, copyright, or patented medicines should be excluded. (This announcement was received with loud applause.) Neither should any advertisement be admitted with one or more names of members of the profession as indorsers, having their official titles or positions attached. (Renewed applause.)

The publication was awarded to the firm of A. D. Newell & Co., of Chicago, and Chicago was chosen as the place of publication.

It is thus seen that the board have complied with all the instructions given them.

At the conclusion of Dr. Davis' explanation of the work of the trustees, the Association enthusiastically adopted the report, notwithstanding an attempt by Dr. Wyle, of Connecticut, to have the lengthy statement (which occupied nearly half an hour in delivery) printed during the night, distributed to the Association, and the whole matter brought up as the special order for Thursday, at ten o'clock.

Dr. L. S. McMurtry, the secretary of the Board of Trustees of the Association Journal, formally announced that the board had unanimously elected Dr. N. S. Davis, of Chicago, as the editor of the Association Journal.

Dr. Davis, in reply to this announcement, said: The announcement of my name to this position brings a duty upon me that has caused me more hesitation, and has required of me a longer period of consideration to bring myself to the point of accepting the duties, than any other question of my life. When the question of journalizing the proceedings was first proposed, several years ago, by that Nestor of our profession, Prof. Samuel D. Gross, it struck me as an unsafe proceeding. When the question was again broached, a year or two later, still the bare mention of it, and the thought of the immense duties that such a position would enjoin upon whoever the Association should appoint to the great work, overcame me with the belief that such a project was impracticable. But the almost unanimous response that the project has received has made it seem to me, however, that in the progress of time and the widening circle of events, the time has come when it is not only possible, but, considering the forces and influences involved in the present status of the profession, it is demanded that somebody shall assume the duty. For the Association must have a voice, through which it may reach, not only its own constituents, but a voice that may be an honor to our profession (applause), and extend from every ramification of our society to countries on the other side of the ocean; and unless we do thus introduce some means, some journal of the society, we must find the motions and resolutions which we make here from time to time laid away, eight months hence, somewhere on the shelves of libraries, with nothing left to indicate that they still have as strong an existence as when they were passed. With the full impression of the importance of the work, then, and keeping in view my life-motto, that has been my guide for forty or fifty years of activity, "Whatsoever thy hand findeth to do, do it with all

thy might, trusting to a Higher One for the result," I have consented to assume the charge.

But fair, fair as it looks, and encouraging as have been the responses to these circulars from all quarters of the country, showing the project great favor, I must ask you, gentlemen, not to expect to see at the end of thirty days or thirty months a complete journal free from faults. The British Medical Journal has been referred to as our model, but I beg you to remember that this journal required years of growth before it attained its present standing, and you must not expect too much of us in the first issues. Our arrangements are such now that we suppose the first number of the Journal will reach you on or soon after July 1st, and if there should be any delay in its appearing, I beg you to remember that no man can prevent certain little occurrences which may cause a delay of a day or two. And I assure you that all I have to do will be done as honestly and as thoroughly as I am able; for if I have a few years longer to work for the profession and humanity, it is for these that I work. If I can see from this project an addition to the development of our national organization, or of its constituencies in the State or local societies, and that they have a journal that is in some measure a fitting voice through which they may express their thoughts and record their proceedings, I shall complete my course of life fully satisfied that I have not lived in vain. I hope the Association, in any action it may take during the remainder of the session, may be cautious about doing many things, especially any thing that shall involve unnecessary expenses, until we see how the balance-sheets shall turn out at the end of another year.

I would now, in view of the position and duties assigned me by the Board of Trustees, respectfully resign my position on that board, and I would announce that I have already obtained the conditional assent of Dr. Wm. Lee, of Washington City, to take charge of writing that most important branch, the Progress of Medical science throughout the World, well knowing that his opportunities in commanding an extensive range of medical literature admirably fit him for the position.

Atmospheric Conditions and their Relations to the Prevalence of Diseases. By Dr. N. S. Davis, chairman of the standing committee.

He stated that the work of the committee was begun as quickly as possible after the last meeting. Observers had been appointed in twelve different parts of the United States, who received instructions to take accurate observations during the day and night of every day in the year, as well as to note the presence of any organic matter in the air. He then spoke of the necessity of continuing the observations through several years, and closed with a statement of the finances of the committee.

The resolution offered by Dr. Didama, on the first day, for the taking of climatic observations at the general health resorts and watering places was then adopted.

Dr. N. S. Davis, of Illinois, moved that Dr. Didama be elected the committee to carry out the objects of the above resolution. Adopted.

The Committee on Nominations presented the following report, which was adopted:

President, Austin Flint, sr., M.D., of New York.

Vice-Presidents, R. A. Kinloch, M.D., of Charleston, S. C.; T. B. Lester, M.D., of Kansas City, Mo.; A. L. Gihon, M.D., of U. S. Navy; and S. C. Gordon, M.D., of Portland, Maine.

Treasurer, R. J. Dunglison, M.D., of Pa.

Librarian, C. H. A. Kleinschmidt, M. D., of Washington, D. C.

Place and time of meeting, Washington, on the first Tuesday in May, 1884.

Chairman of Committee of Arrangements, A. Y. P. Garnett, M.D., of Washington.

Assistant Secretary, D. W. Prentiss, M.D., of Washington.

Chairmen of Sections, as follows:

Practice of Medicine, J. V. Shoemaker, of Pennsylvania.

Obstetrics, T. A. Reamy, of Cincinnati.

Surgery, C. T. Parks, of Illinois.

Ophthalmology, J. J. Chisholm, of Maryland.

Diseases of Children, William Lee, of Maryland.

State Medicine, J. D. Roberts, of Tennessee.

Oral Surgery, T. W. Brophy, of Illinois.

AMERICAN SURGICAL ASSOCIATION.

[From the Philadelphia Medical Times.]

A large and successful meeting, being the fourth annual convention of the American Surgical Association, was held at Cincinnati, May 31st, and June 1st and 2d, Prof. S. D. Gross, of Philadelphia, President of the Association, occupying the chair.

Have we any therapeutic means, as proven by experiments, which directly affect the local process of inflammation? Dr. Charles B.

Nancrede read a paper in reply to this query.

From a series of experiments of the local vascular and blood changes following the application of irritants to the web of a frog's foot, and the effects upon this traumatic inflammation of the abstraction of blood, he was able to arrive at positive conclusions, and to answer the question in the affirmative — that local bleeding offers advantages in the treatment of local inflammations unequaled by any magistral remedy. He formulated his conclusions as follows:

1. During the stage of dilated arteries, with increased rapidity of the current, but little danger of capillary changes with exudation need be apprehended, and here perhaps ergot, certainly arterial sedatives, do good, either directly or indirectly, without blood-letting, by reducing the size of the arterioles and the rapidity of the current, thus allowing the veins of the obstructed area time to empty themselves, even of an unaccustomed amount of blood. Thus, if vascular-pressure changes have taken place, the vessels have an opportunity to return to the norm.

2. After stasis has occurred, or is occurring, weakening of the heart's action and a diminished volume of the current, bleeding can do nothing but harm to the inflamed area, although, for the reasons given, it *may* prevent extension of the inflammation in the circumjacent parts, which are merely in the earliest stages of congestion.

3. The results to be sought, and which are secured by local blood-letting, are removal of blood on the venous side, so that the vessels can not only empty themselves, but a certain amount of *vis a fronte—i. e.*, aspiration—is invoked; this secondarily results in not only a temporary return to the norm on the arterial side, but an increased rapidity and—here is an important point—lessened force of the circulation. The acceleration of rate, without weakened force of the circulation, would further damage the vessels, instead of which the increased rate of the current merely serves to sweep out the accumulated red-blood cells, the cause of the excess of oygen and the consequent cell-infiltration. The vehement current also induces a rapid resorption of the effused liquor sanguinis, at once the stimulator to growth and the food of the cells. The latter advantage is not founded on theory alone, for it is a matter of common observation that the mere amount of blood abstracted produces no sensible effects on an inflamed breast, for instance, but in a few hours the skin, if carefully examined, has become wrinkled and the whole organ shrunken. This effect is secondary to the loss of blood, and chiefly results from the absorption of the inflammatory exudate.

4. Arterial sedatives in the latter stages are usually inadmissible, except as succedanea to blood-letting, as far as the focus of inflammation is concerned. The surrounding parts, which are merely congested, may be benefited by their exhibition. *After* blood-letting they act favorably, because, when the stasis has been overcome, they lessen intra-vascular pressure, and thus permit the blood-vessels to recover their normal condition. They also alleviate pain by lessening the bulk of blood in the part, *i. e.*, they relieve nerve-pressure. As before intimated, this essay was merely little more than a few notes on the effects of local blood-letting. It does not pretend to cover the extended field of either the local or general treatment of inflammation. He hoped that it might stimulate discussion upon a useful though neglected remedy.

In the discussion of Dr. Nancrede's paper his investigations were referred to in the highest terms of commendation, as affording a scientific basis for the use of bleeding in organic, especially traumatic, inflammations, and affording more precise indications for the employment of this powerful therapeutic agent.

Remarks were made by the president, Prof. Gross, and Drs. Campbell, of Georgia; Moore, of Rochester; Post, of New York; Kinloch, of Charleston, South Carolina; Gunn, of Chicago; Briggs, of Nashville, Tennessee; Gregory, of St. Louis; and Nancrede, in closing the discussion.

Report of an Anomalous Case of Profunda Aneurism. By Dr. T. G. Richardson, of Louisiana.

Dr. Richardson illustrated his remarks with a diagram, and the specimen was presented for examination. The case was a man, aged forty-three, with gunshot wound of the thigh, in 1876. There was no serious hemorrhage at the time. The ball entered in front and upon the inner side of the axis of the limb, about four inches above the patella, ranged slightly downward, immediately across the track of the femoral artery, and emerged from the upper angle of the popliteal space, just external to the median line. The patient rapidly recovered, without lameness or other discomfort remaining. A tumor was discovered in April,

1878, an interval of eighteen months having intervened since the accident. The tumor so slowly developed that a physician's attention was not directed to it until May, 1879. Esmarch's bandage was applied to the limb, the tumor being recognized as a traumatic aneurism. The femoral artery was tied July, 1879. Thrombosis and gangrene necessitated amputation in December, 1881, nearly eighteen months after ligation. Death occurred on the fourteenth day. Examination of the limb showed that the femoral artery at the site of ligature was converted into a solid fibrous cord up to the origin of the profunda. There was dilatation of the profunda and its perforating branches. The arteries higher up did not appear to have undergone any change. Immediately below the obliterated segment of the femoral the lumen of the vessel was well preserved, and just at this point an anomalous branch of considerable size was given off. The distribution and anastomoses of the latter could not be determined in consequence of the gangrene.

Beginning at a point about four inches below, the main trunk gradually dilated to form the walls of the aneurism. The latter, oval in outline except at one point where it was slightly pinched, measured seven inches in length and three and a half inches in breadth at its widest point. Its walls were dense and about one fourth of an inch in thickness throughout nearly their entire extent. Its contents were flocculent, with fibrinous filaments adhering to the wall. Upon its posterior wall, looked at from within and a little below the middle, was seen a remarkable knobby protuberance, an inch and a half in length, an inch in thickness, projecting into the cavity of the sac. This was found distended with coagulum. Although most diligent search was made, no communication with the sac could be found except at the entrance of the main artery above. The artery upon the distal side of the tumor was continuous with the exterior of the latter opposite the nodular protuberance just described, but was obliterated, and at the point of juncture spread out in a membranous form. Below this point to the extent of an inch it was represented by a small flattened fibrous cord, which gradually enlarged and became again pervious as it traversed the lower half of the popliteal space, but was not more than one half the natural size. It was here filled with a coagulum which extended to the remote ramifications of the anterior and posterior tibials.

The femoral vein was smaller than usual, and its coats thickened, closely connected or continuous with the tumor along the base of the protuberance, and was found to communicate with the interior of the latter by a smooth, well-defined orifice, three quarters of an inch in its longest diameter. It was occupied by a firm clot. The specimen was referred to a committee consisting of Drs. Nancrede, Kinloch, and Dawson.

Dr. Richardson also read a report of two cases of successful resection of the ribs for emphemia. He recommended the use of a trephine for performing the operation, which he would restrict to cases due to chronic pleurisy or traumatism accompanied by a fistulous orifice, the object being to secure better drainage.

The Value of Early Operations in Morbid Growths. By Prof. S. D. Gross.

The object of the paper was stated to be the placing of the value of early operations for the removal of morbid growths in a stronger and clearer light than any in which it had hitherto been presented. The reasons for early removal are: (1) The less risk of shock and hemorrhage; (2) the more effectual riddance of the diseased structures; (3) the diminished probability of septicemia or blood-poisoning; (4) the avoidance of unsightly scars; (5) the less risk of recurrence of morbid action, either at the seat of operation or in other parts of the body.

The local origin of morbid growths is now generally admitted, but an hereditary tendency to the development of such neoplasms was recognized, not only as regards malignant, but also in benign growths, such as warts and sebaceous cysts, which have been observed in three generations. Morbid growths, tumors, and neoplasms are the product of perverted nutrition, in which a comparatively few cells native to the part are replaced by colonies of new cells, of which the product, or new growth, is mainly composed.

He stated that "all morbid growths are developed, directly or indirectly, under the influence of inflammatory action, the result of external injury, or, as is more frequently the case, of some mechanical obstruction, causing, in the first instance, congestion of the part, and this, in turn, incited action and inflammation, both leading, sooner or later, to abnormal cell-growth, cell-formation, or cell-development. It is in this way, and in this way alone, that we can satisfactorily explain those morbid growths, both benign and malignant, which, as the

phrase goes, arise without any assignable cause. One of the most simple of all tumors, the sebaceous, is formed under the irritating influence of its own natural secretion retained by the closure of its natural outlet. Obstruction of a lacteal duct is, there is no doubt, a frequent starting-point of scirrhus of the mammary gland. There is not a surgeon of any experience any where who has not met with cases of carcinoma which were due, directly or indirectly, to the effects of local injury." With these fundamental principles in view, the importance of early operation is manifest, and experience shows it necessary.

Referring to the difficulty of diagnosis, the advice was given, in cases of doubt, to seek consultation rather than to allow the growth to develop, thus increasing the danger to the patient. In a case of carcinoma of the breast, especially was the surgeon warned against the waiting for the development of secondary growths in the axilla, and till involvement of the general health occurs. Patients should be taught the risk of delay. Not only should growths be removed early, but the extirpation should be done as thoroughly as possible. If this can not be done, it will be better, in advanced cases of carcinoma particularly, not to meddle with the growth at all, except to remove an offensive ulcerating mass and to substitute for it a clean wound. The longer the knife is withheld the greater danger there will be that some of the cancer-cells will be left behind, which will subsequently serve as new centers of morbid action in the neighborhood. Sarcomata are especially apt to return in the internal organs, and the worst form is the round-celled. Any rapidly-growing tumor is, as a law, a bad subject for successful surgical interference. Even benign growths of rapid development can not be extirpated too soon: as illustrations of this principle, cystic growths of the ovary, chondromous fibromas, and osteomas; and as analogous illustrations, stone in the bladder, and pneumonia, in which the contrast between early and late treatment is very marked.

Remarks were made upon the paper by Drs. Moore, of Rochester, and Gregory, of St. Louis.

Some Questions with Reference to Intra-Capsular Fracture of the Femur. By Dr. E. M. Moore, of Rochester.

After reporting several cases and illustrating his remarks with a number of specimens showing bony union after fracture of the neck of the femur, he submitted, in conclusion, the following suggestive questions:

1. Is not the cause of fracture of the neck of the thigh-bone, whether intra- or extra-capsular, almost uniformly a blow upon the trochanter?

2. Is not the preservation of the periosteum of the neck (called, in connection with the reflected capsule, the cervical ligament), although only partial, the common rule, and not the exception?

3. Does not this condition, if preserved, supply nutriment to the upper fragment sufficient to entire repair?

4. Is not the outer layer of what is called the periosteum of the neck a rudimentary organ?

5. In *reputed cases* of absorption of the neck, after blows upon the trochanter, said to be without fracture, is it a reasonable—much less a perfect—induction to infer a similar result when the changes of condition are similar only in one point, and dissimilar in every other, those of inflammation without a blow?

6. Should not the induction read thus? The head of the femur and the acetabulum not being altered, the shortening of the neck could not be from inflammation resulting from the blow. Finally,

7. Does not the practice of modern surgeons produce vastly improved results in the cases treated by them, as compared with the method of the last generation?

Dr. Moore recommended the use of moderate counter-extension, with lateral support and the horizontal position, in the treatment of injuries of the head of the femur, even when the existence of a fracture can not be absolutely recognized.

The report of the committee appointed to examine the specimen presented by Dr. T. G. Richardson was received and discussed. The committee decided:

1. That the original injury consisted of a contusion of the walls of both the artery and vein, with consequent adhesion at the site of injury.

2. That the inflammatory processes culminating in the adhesion of the two vessels resulted in such a weakening of the walls, probably coupled with a limited destruction of the external coats of the vessel by the vulnerating body, as to render an aneurismal dilatation a necessary consequence.

3. That the similar probably partial destruction, and certainly the inflammatory softening of the venous walls at the point

of adhesion, resulted in a slight pouching towards the lumen of the artery.

4. That the projection thus commenced, however minute, was acted upon to the utmost advantage by the arterial current, which tended to enlarge the growth by an actual traction-force, as it were, in the direction of the blood-flow; this is proved by the fact that the small sac is elongated on the distal side of the venous opening.

5. That the projecting venous sac must have served to obstruct the lumen of the artery from the moment of its formation, and have acted somewhat in the way an embolus has been known to do, as the exciting cause of aneurism, by producing undue intra-vascular pressure in an artery with softened walls.

6. That the obliteration of the lower extremity of the artery, which occurred subsequent to the ligation while an anastomotic branch communicated through the patulous lumen of the artery with the sac, is the cause of the non-coagulation of the sac contents. The apparent paradox that blood can enter into and emerge from a tensely-filled sac is rendered clear when the physical surroundings of the sac are considered. The muscles of the region must have alternately emptied the sac by their compression and allowed it to refill when they relaxed.

The committee, consisting of Drs. Nancrede and Kinloch, considered that the peculiar features of the case would find a more satisfactory solution in this manner than on any other hypothesis which had been suggested.

Dr. J. Ewing Mears read a report of a new operation for permanent closure of the jaw employed in a case of gunshot wound of the face, eighteen years after the injury.

Dr. A. Vanderveer, of Albany, read a paper on removal of Meckel's ganglion for the relief of trifacial neuralgia, with report of cases.

The Council, having the matter referred to it by motion of the Association, and a recess of fifteen minutes having been taken for its consideration, brought in the following report for action:

Resolved, That the Secretary be instructed to address a communication to each Fellow, active or honorary, who is alleged to have violated the Code of Ethics adopted by the American Surgical Association, and request him to withdraw from this body if the allegation be true.

The report was, on motion, adopted.

Officers for 1883-84. The Committee on Nominations made the following report:

President, Dr. E. M. Moore, Rochester, New York.

First Vice-President, Dr. W. W. Dawson, Cincinnati.

Second Vice-President, Dr. C. H. Mastin, Mobile.

Secretary, Dr. J. R. Weist, Richmond, Indiana.

Treasurer, Dr. J. H. Packard, Philadelphia.

Recorder, Dr. J. Ewing Mears, Philadelphia.

Member of Council, Dr. P. S. Conner, Cincinnati.

Miscellany.

A Perfect House. — We congratulate Dr. Hogg, of Belford Park, Chiswick, on his bold but successful attempt to solve the vexed question of house-heating and ventilating, says the Lancet of April 10th. Dr. Hogg has built a house in the Queen Anne style, where no window can open, and where there is no fire-place, except in the kitchen. Underneath the hall, a large passage is used as the intake of fresh air. Here it can be cooled in summer by ice or water-spray, while in winter it is warmed by hot steam-pipes, which are economically heated by a small coke stove. The air then passes up into the hall, from which it is only separated by an iron trellis-work, and travels into every room of the house by apertures made in the skirtings and cornices. In the ceiling of each room there are one or two openings and exhaust-shafts leading to the foul-air chamber in the roof of the house. To produce the exhaust suction, a large shaft runs from the foul-air chamber down to the back of the kitchen fire, where the heat of the boiler and the fire suffice to attract the air. From the back of the kitchen fire, in the basement of the house, the air again travels up. A square brick shaft or chimney conveys it through the roof and into the open. In the center of this shaft is a circular metallic flue which carries away the smoke of the kitchen fire, and this flue, always more or less heated, stimulates the current of air. A comparison of the minimum velocity at which the air moves forward in the extracting flues (two hundred feet per minute) with the cubic contents of the house, shows that the atmosphere is entirely changed throughout the dwelling once in every twenty minutes. This result is obtained imperceptibly,

that is, without the slightest draught; yet ten persons smoking in one room felt no inconvenience, and the next morning there was not the slightest trace or taint of tobacco odor remaining. Every part of the house being equally warm, all danger of catching cold from draughty corridors, chilly bed- or bath-rooms, is obviated. A nurse and three children sleep in one room measuring fourteen feet square by ten feet high. In an ordinary house such a room would have been rather "stuffy" in the morning, but the system of ventilation worked so well during the night, as well as during the day, that the room was quite sweet in the morning. One of the children used to suffer from defective circulation, cold fingers, chilblains, blueness of the extremities, etc., but since he has lived in the new house he has experienced no such inconvenience. Finally, as there are no fires in the rooms, as the heavier particles of dust are precipitated in the intake chamber before the air enters the house, two servants can do the entire domestic work where three were formerly necessary, and a much higher degree of cleanliness is maintained. In coals the cost has been reduced by one third, though the entire house is now warmed instead of a few rooms. The experiment, it will be seen, has been tested in more senses than one, and has proved a success. From a domestic point of view it is economical. From a medical point of view it is hardly necessary to dwell on the advantages of a perfectly even temperature throughout the whole house, thus rendering it no longer necessary to confine a patient to one room. This temperature can be increased or lessened at will at all seasons, the air is comparatively free from dust particles, and its renewal can be insured with mathematical precision, without incurring the risks of those sudden draughts and transitions involved by the opening of doors and windows. Mr. E. J. May is the architect who has executed this important experiment, which will, to judge from the results attained, soon find many imitators. On the other hand, such reform will also be opposed by the rooted habits of the country. There are few Englishmen who will not object to the abolition of fire-places, and it is awkward on an emergency to find the window hermetically closed.

Should Women Ride like Men?—Such is the question which is being seriously discussed, says the Lancet. Perhaps it would be as well to leave the determination of the question to those whom it principally concerns. We fancy they have no wish to change the custom. As a matter of fact, although it may not appear to be the case, the seat which a woman enjoys on a side-saddle is fully as secure, and not nearly as irksome, as that which a man has to maintain, unless he simply balances himself and does not grip the sides of his horse either with the knee or the side of the leg. It is curious to note the different ways in which the legs of men who pass much time in the saddle are affected. Riding with a straight leg and a long stirrup almost invariably produces what are popularly called knocked-knees. Nearly all the mounted soldiers of the British army suffer from this deformity, as any one who will take the trouble to notice the men of the Life Guards and Blues walking may satisfy himself. On the other hand, riding with a short stirrup produces bowed-legs. Jockeys, grooms, and most hunting men who ride very frequently are more or less bow-legged. The long-stirrup rider grips his horse with the knee, while the short-stirrup rider grips him with the inner side of the leg below the knee. This difference of action explains the difference of result. No deformity necessarily follows the use of the side-saddle, if the precaution be taken with growing girls to change sides on alternate days, riding on the left side one day and the right on the next. The purpose of this change is to counteract the tendency to lean over to the side opposite that on which the leg is swung.

Death from Fright.—A child seven years old, the son of a sweep, and therefore not likely to have been brought up during the few years of his little life too tenderly, fell down and died from fright at seeing two older boys fighting. There is said to have been no organic disease discernible on post-mortem examination. This is remarkable, but it is, of course, possible that the impression made on the brain of this child may have been so strong as to arrest his heart's action. There can be no hesitation in pronouncing a strong opinion against the exposure of young children to powerfully affecting and more particularly terrifying spectacles. The practice of "frightening" children either to quiet them or simply as a diversion is inhuman in the extreme. It is a cruel and heartless pastime in which too many otherwise kindly intentioned persons are wont to indulge.—*The Lancet.*

The Louisville Medical News.

Vol. XV. SATURDAY, JUNE 16, 1883. No. 24.

LUNSFORD P. YANDELL, M.D., - - }
L. S. McMURTRY, A.M., M.D., - - - } Editors.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

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THE AMERICAN MEDICAL ASSOCIATION.

The late meeting of the American Medical Association at Cleveland was thoroughly national and representative. The attendance was large and the addresses and papers were of a high order of merit. From a very full report of the proceedings in the various sections, to be found in another column, it will be seen that the scientific work of the Association received the most earnest attention of the members. Indeed, the amount of work accomplished in the sections is proof of the earnestness of the members and the efficiency of the respective chairmen and secretaries. This is the very best response which could be made to the criticisms of the enemies of the Association declaring it to be "only a purposeless convention with a floating membership," etc., and demonstrates the animus and injustice of such expressions.

The election of Dr. Austin Flint to the presidency will be recognized as a handsome and spontaneous tribute to his high professional character and eminent scientific attainments. This action on the part of the great body of American physicians is but an expression, on this side of the Atlantic, of that same confidence in and appreciation of an honored and eminent physician which not long ago made Sir William Jenner the President of the Royal College of Physicians in England. The National Association, with perfect unanimity, indorsed, in Dr. Flint's election to the presidency, sound ethical principles while recognizing high professional attainments.

The action of the Judicial Council in requiring delegates to signify their adherence to the Code of Ethics of the Association, upon registering at the secretary's desk, prevented any misunderstanding, and eliminated from the proceedings all possibility of useless and acrimonious discussion. The very pronounced unanimity of the Association upon the ethical question as expressed last year at St. Paul made such action eminently proper and authoritative. In the general sessions and in the sections the unanimous sentiment upon this question, which has been so fully discussed of late, was manifested in the most dignified and unequivocal manner. It was demonstrated beyond all possibility of doubt that the profession in the States of the Union, in the army, navy, and marine-hospital service, is firmly opposed to any departure from the established usages of professional conduct, and have determined to preserve the boundary lines between science and quackery.

One of the most important matters considered at this meeting was that relating to journalizing the transactions of the Association. It was determined by a unanimous vote to establish a weekly medical journal, which is placed under the able and experienced editorship of Dr. N. S. Davis, of Chicago. This will be an addition to the higher ranks of journalism, and it is hoped will be received with favor by the profession. The remarks of the distinguished editor on accepting the position tendered him show a full appreciation of the difficulties and responsibilities of the situation—difficulties and responsibilities which all journalists will recognize and appreciate. The journal will occupy a field peculiarly its own, and will deserve the generous support of the profession and the utmost courtesy from the medical press at home and abroad.

We congratulate the Association upon the scientific work accomplished at the late meeting and the position assumed upon impending questions in American medical politics. We regard the selection of the president with great pleasure and satisfaction, and we offer our best wishes for the success of the Journal.

THE ASSOCIATION OF MEDICAL EDITORS.

This Association held a meeting at Cleveland last week, under the presidency of Dr. N. S. Davis, of Chicago, with a good attendance. The address of the president and a paper by Dr. H. O. Marcy, of Boston, were presented and received the closest attention. The greatest interest was manifested in the Association by the members, and it is to be regretted that more time was not given to its deliberations. While the two papers presented were able and instructive, it must in candor be conceded that the subjects discussed have no special and distinctive bearing upon medical journalism. It is to be hoped that at the next session a number of brief and pertinent papers will be offered and discussed. The benefit and pleasure to be derived from an annual convention of the medical editors of America are inestimable. We are pleased to record that Dr. L. Connor, of the Detroit Lancet, was made president, and the Association displayed its appreciation of the intelligent and energetic services of Dr. John V. Shoemaker, of the Philadelphia Medical Bulletin, by retaining him as its permanent secretary.

AMERICAN SURGICAL ASSOCIATION.

In another portion of this issue will be found a report of the proceedings of the American Surgical Association during the recent session at Cincinnati. This society is full of vigor and the work accomplished is of high order. The membership is limited to one hundred, and is already full. Several candidates for membership failed to pass at the recent meeting. This Association took a very positive stand upon the ethical question, and by resolution informed several of the New York members that their resignations would be most acceptable if they were unwilling to subscribe to the National Code of Ethics.

PROFESSOR GROSS ON CHARLATANRY WITHIN THE PROFESSION.

In the course of a very able paper on the Value of Early Operations in Morbid Growths, read at the recent meeting of the American Surgical Association, Prof. Gross makes the following very pertinent remarks. The character delineated so accurately is so familiar to practitioners that it will be at once recognized, and the practices described are by no means confined to the lower walks of the profession:

> Knavery, dishonesty, and self-conceit are found in all ranks of life and among all classes of men. That our profession should be wholly exempt from these infirmities is not to be expected. It abounds in charlatanry, in men who promulgate their claims in all kinds of ways to allure and deceive the people by holding out false pretensions of cures, which they well know can never be realized. In this manner important time is often lost by permitting the case to progress until the propitious period for affording relief has passed by. In making these remarks, I desire to apply to the term "charlatan" a wider signification than the one in which it is usually employed. There are "quacks" in every profession, the clerical and the legal not less than in the medical; men who do not hesitate to prostitute their honor to self-interest, and make the merest trade of their vocation. Money is their god, and they worship him in any way best adapted to their object. Such men are not any better than the avowed, advertising charlatan.
>
> A patient laboring under a serious morbid growth may consider himself as peculiarly fortunate if, in the early stage of his troubles, he fall into the hands of an intelligent, upright, conscientious surgeon. Such a man will not hesitate to express his honest convictions. The knave, on the other hand, will do all he can to mislead his patient, and lull his fears by assuring him that his disease is of no importance, or by telling him that it will either remain stationary or, in time, disappear spontaneously.

Selections.

TRANSPOSITION OF VISCERA—Dr. Julius Mickle describes the following case in the British Medical Journal:

In January, 1882, I made the necropsy of W. P., a sign-writer, who died, at the age of forty, of general paralysis of about three years duration. On admission, his height was sixty-nine inches, his weight one hundred and forty-four pounds. During life, the transposition of areas of percussion-dullness of the liver and spleen had been noticed; and of the necropsy, only so much will be here related as refers to the transposition of viscera.

The heart was more erect and more under cover of the sternum than usual. Its chambers had, as it were, changed sides; the thicker and stronger ventricle connected with the aorta, concerned in the systemic circulation and forming the cardiac apex, being on the right side; while the ventricle operative in the pulmonic circulation and through the pulmonary artery was on the left side. The auricle receiving the systemic veins was on the left side, its appendix was directed forward and to the right. A thin septum, situated posteriorly, separated this auricle from the other, except where a patent foramen ovale, one third of an inch in diameter, kept open communication between the two. The ventricle on the left side, with a tricuspid flap well to the left, opened into the pulmonary artery upward, forward, and to the right; and, springing from this point, the pulmonary artery curved round the right under the aortic arch. The auricle receiving the pulmonary veins was to the right and posteriorly; its appendix, directed to the right and somewhat forward, nestled under the pulmonary artery. The mitral valve had anterior and posterior flaps. At the right ventricular summit and in front was the aortic opening. Of the aortic valve, one segment was on each side, and one posteriorly, but not exactly so. Behind the right segment the larger coronary artery made exit; behind the left, the lesser. The aortic arch was directed toward the right, thence it curved down to the vertebral column, on the anterior and right aspect of which it descended through the thorax. Similarly, the gullet coursed down the left anterior aspect of the dorsal column; but, below, it crossed to the right to gain the esophageal opening in the diaphragm. The lung in the left chest had a very imperfectly divided-off third or middle lobe. The lung in the right chest, however, had a small imperfect middle lobe. The spleen was in the right hypochondrium. The position of the liver was reversed, its larger lobe lying in the left hypochondrium and epigastrium, and its smaller lobe extending rightward to the spleen.

Of the stomach, the cardiac opening and the cardiac end were to the right of the middle line, and the pylorus to the left of the same. The duodenum was also to the left, and the convexity of its horse-shoe curve was directed to the left. The end of the ileum, the cecum, and the appendix vermiformis were in the left inguinal region. Thence arose the ascending colon on the left; then came the transverse arch of the colon, the descending colon on the right side; the sigmoid flexure in the right iliac fossa, and the rectum entering the true pelvis slightly to the right side. The kidney of the left side weighed five ounces; of the right, four and one half ounces.

The local destructive inflammation of the left lung may have been due, or partly due, to inhalation of particles of food; and its localization in the left, rather than in the right lung, a result of transposition.

ON THE ACTION OF CANNABIS INDICA.—By James Oliver, M.B., in the British Medical Journal:

Indian hemp for some time back has been vaunted as a medicine of some therapeutic value in cases of dysmenorrhea; to me, however, its action seems so variable and the preparation itself so unreliable as to be hardly worthy of a place on our list of remedial agents at all.

Two preparations of this drug have been recommended for use, viz., the tincture and the extract; it should matter little which is used, the tincture being simply a spirituous solution of the extract. Much, however, as far as results obtained go, seems to depend upon its place of cultivation. Many of those persons who experienced unpleasant effects from one-grain doses had previously taken the same dose (different sample, however,) with almost no result at all.

It is usually said that cannabis Indica produces pleasurable symptoms; such, I regret to say, has not been my experience; in fact, the result has frequently been alarming to the friends of the patient, but more frequently still, from the comparative inertness of the drug, no result is obtained at all, even although three and four grains have been

given as a dose. When unpleasant symptoms have been produced by the use of this drug, they do not readily pass off, but will often persist for a day or two, and the too early use of morphia will not uncommonly aggravate the condition.

The physiological effects of the drug usually manifest themselves about two hours after administration; this, however, varies, being hastened or retarded according to the condition of the stomach as regards food at the time of ingestion.

Cerebral symptoms are the first to develop, the patient experiencing peculiar indescribable sensations in the head, by no means pleasant in character; and although quite rational, knowing all that is going on, some have an irresistible desire to be always on the move. In some cases earlier, in others later on, the patient loses control over the muscles, being unable to move them at will; in one case the muscles of the larynx were so affected, and the patient when interrogated was for the time being unable to respond.

Muscular anesthesia is often produced by the use of Indian hemp, and this is, as a rule, so complete that the whole body feels unsupported, as if floating in air. Pain, even at this stage, frequently persists, showing how little influence this drug evidently has on the sensory nerves. In some cases spasmodic contractions of the voluntary muscles result, and this is more especially to be noted in the muscles of the jaw. Dimness of vision in many cases quickly follows, the pupils in some remaining unaltered, in others being apparently contracted. The pupil responds to light, but accommodation is interfered with, objects at a distance being very indistinct. The pulse is invariably rapid, but quite regular. Sensibility to touch is unaltered. Numbness and tingling have been constant symptoms in all the cases.

APOMORPHIA, A SAFE, CERTAIN, AND QUICK EMETIC.—John Brown, L.R.C.P.Lond., etc., writes to the British Medical Journal as follows:

It has occurred to me, in several cases, to have patients who have been obnoxious to ordinary emetics. The emetic has caused nausea and depression, but no emesis. A few weeks ago two cases of this kind occurred in my practice. One was a man who had been drinking and eating indigestible food. Domestic emetics had been given, which had produced nausea and ineffectual attempts at vomiting. It occurred to me that apomorphia used hypodermically might succeed. I prepared a solution containing a grain of chloride of apomorphia, twenty minims of rectified spirit, and water to two drams, of which I administered ten minims hypodermically, which equals one twelfth of a grain. In seven minutes it produced free and copious vomiting. There was no nausea, nor depression, nor intolerance of food. The other case was a man who was a total abstainer. Patient had loaded his stomach with a mass of indigestible food which had caused acute pain in his stomach. He had tried domestic remedies without success. Pain was so severe that I was called up at night. The other case having been so successful, I at once administered ten minims of the solution. In two minutes, without any previous nausea or warning, the contents of the stomach were violently ejected on the floor, the patient not having time to get a vessel to vomit into. This was repeated two or three times at short intervals, and the patient had speedy relief. In this case there was no nausea or bad after-effect.

From inquiries which I have made I am convinced that the value of apomorphia as a safe, certain, and quick emetic, is not appreciated because not known. In cases of alcoholic and narcotic poisoning it is a most valuable remedy, and, judging from my experience in one case, the emesis is delayed a few minutes only. In cases of acute gastralgia and convulsions in children, due to overloaded stomach, apomorphia will prove a speedy cure. I have given one sixth of a grain of the drug to children by the mouth without producing any effect whatever.

THE THERAPEUTIC VALUE OF NERVE-STRETCHING.—Mr. Stokes read, at the Academy of Medicine in Ireland, April 20th, a paper on the therapeutic value of nerve-stretching in tabes dorsalis. He commenced by pointing out that the evidence afforded by the cases of tabes dorsalis treated by nerve-stretching, indicated the fact that relief for some of the most distressing symptoms of that disease might, if the operation be performed sufficiently early, be anticipated. He considered that the absence of a physiological explanation as to how the operation acted was no reason for its rejection, and gave instances of other operative procedure of which the *modus operandi* was as yet unexplained. The particulars of two well-marked examples of the disease treated by him—in one of which he stretched the sciatic nerve on one side, and in the other

on both sides—were then given. Although the operations were not followed by any signal improvement in motor power, the results in other respects, as regards relief from lightning-pains, vesical irritability, and return of sensibility in certain regions of anesthesia were satisfactory and encouraging. The views of various writers on the effects of stretching on the nerves were discussed, and those of Ceccherelli shown to be at variance with the results obtained in the author's cases, and also with the experience of Dr. Brown-Séquard. Mr. Stokes also discussed the importance of estimating accurately the amount of force that should be used, and was of opinion that a very moderate amount was sufficient to obtain the desired therapeutic results. He also stated his belief that many of the recorded failures of the operation were to be attributed to the employment by the surgeon of an undue amount of force. He advocated the use of an electric cord and dynamometer in nerve-stretching, and believed that in the case of the larger nerves a force of about ten pounds would be found sufficient. Although a satisfactory physiological explanation as to how nerve-stretching produced the results observed was still to be obtained, we were not wholly in the dark. He quoted Dr. Brown-Séquard and Dr. Charlton Bastian to show that after the operation a certain amount of vaso-paralysis was produced, resulting in vascularity and increased temperature of the part, and that the improvement which occasionally followed the operation was probably connected with these phenomena.

The President did not see why nerve-stretching should be passed over merely because the *rationale* of the treatment was not understood. He thought the procedure would apply to nervous functional affections, such as sciatica.

Dr. Duffey said there was no doubt the operation gave a certain amount of relief to some of the distressing symptoms of the disease. Ceccherelli, in giving an analysis of one hundred cases of nerve-stretching for various conditions, had described certain pathological changes when the operation had been followed by extravasations or degenerative changes affecting the vessels of the nerves, which, he presumed, tended to diminish the sense of conductivity of the nerve. The amount of traction was so great as to affect the spinal cord directly. Some observers believed in certain changes having taken place in the cord itself. In favor of this view, nerve-stretching on one side of the body might relieve symptoms referable to both sides.

Dr. C. J. Nixon considered that the operation of nerve-stretching in this disease should only be used in desperate cases, after all other means of giving relief had failed. He thought it a very doubtful point what amount of traction could safely be made on the cord.

Dr. Finny asked what was the right time at which the operation should be performed. He referred to the frontal nerve having been stretched in cases of facial neuralgia.

Dr. H. Kennedy thought that slightly pinching the nerve, and thus conveying irritation that could not injure its substance, might have a beneficial effect.

Dr. Corley considered the operation a most serious one to perform, and one to be approached with the utmost carefulness. In some cases of stretching the sciatic nerve, the cord, answering mechanically to the stretch, would be moved as far as the cervical vertebra. In the case of sciatica in which he applied it the nerve was affected with neuritis. The next day severe symptoms arose, indicating that although the force used was not great it had effected serious changes in the cord. These symptoms disappeared after forty-eight hours. Two months had now elapsed since the operation, with complete absence of sciatic pain.

Mr. Stokes, in reply, said that in Ceccherelli's cases undue violence must have been used. He could not lay down any rule as to the time at which the operation should be performed, but probably, the earlier the better.—*British Medical Journal.*

A writer in the Edinburgh Medical Journal recommends chromic acid as superior to any other treatment for venereal warts.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from June 2, 1883, to June 9, 1883.

Alexander, Charles T., Major and Surgeon; so much of Par. 6, S. O. 82, A. G. O., April 10, 1883, amended to direct that he be relieved from duty at the U. S. Military Academy, West Point, N. Y., October 1, 1883. (Par. 7, S. O. 125, A. G. O. June 1, 1883.) *McKee, J. C.*, Major and Surgeon, assigned to duty as Post Surgeon, Presidio of San Francisco, Cal. (Par. 2, S. O. 56, Department of California, May 25, 1883.) *DeLoffre, A. A.*, Captain and Assistant Surgeon, to proceed to Madison Barracks, N. Y., and report to the Post Commander for duty. (Par. 2, S. O. 98, Department of the East, June 5, 1883.)

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, JUNE 23, 1883.

Original.

PODALIC VERSION BY EXTERNAL MANIPULATION

In a Case of Dorso-posterior Position of the Right Shoulder.

BY F. C. LEBER, M.D.

Visiting Physician to the Louisville City Hospital, etc.

June 7, 1883, at 8 P. M., I was sent for by a midwife to see Mrs. C. M., who was in labor with her fourth child. On arrival I obtained the following history: She is a stout, healthy woman, twenty-nine years of age, and has never had the least trouble in any of her previous confinements, labor always being rapid and easy, rarely lasting beyond three or four hours. She remarked to me that she was satisfied that there was something wrong, as her feelings during the latter months of utero-gestation were so entirely different from what they were in her former pregnancies; and that she had also noticed a difference in the shape of her abdomen. She had had slight pains at irregular intervals since 10 o'clock in the morning, these becoming much stronger and more regular about 6 P. M., when a midwife was sent for.

The midwife informed me that on examination she found a hand presenting, and at once notified the lady's husband of the necessity of sending for a physician. Baring the abdomen for the purpose of examining by palpation, I noticed a decided deviation from the usual ovoid shape, there being an obvious increase in the transverse axis. The abdominal walls being sufficiently relaxed, examination by palpation was not difficult and resulted in the detection of the head in the right iliac fossa, and the breech and feet—the latter could be distinctly felt through the relaxed abdominal walls—in the left, however on a higher level than the head. On vaginal examination I found the membranes intact and rather tough, the membranous pouch elongated and projected as low as the middle of the vagina and filling well during uterine contraction, the water receding immediately afterward. The os was almost completely dilated and the pains strong and regular. The pelvis was large and roomy. Taking advantage of the absence of a pain and gently sweeping my index finger along the membranous pouch I came in contact with what proved to be, on close examination, the right hand, on a level with the pelvic brim and slightly to the right of the median line. Running my finger along the border of the forearm in the direction of the right ilium, I next encountered the anterior surface of the elbow-joint and the upper arm resting on the pelvic brim. These parts being distinctly recognized, I next swept my finger in the direction of the left ilium with an entirely negative result, no other presenting part being discovered. The presentation and position of the child being thus clearly made out, and deeming it a favorable case for version by manipulation, either by the external method alone or by the combined external and internal method, I proceeded at once to institute the same. All the conditions as seen being favorable to this end, I placed the woman in the usual position across the bed, with her hips close to the edge and her feet resting upon chairs supported by assistants; this I did with a view to a more rapid delivery by the introduction of my hand into the uterine cavity should this become necessary. Having emptied the bladder, I next attempted cephalic version by placing the palm of my left hand above and to the right side of her abdomen and my right below and to the left, and by gentle pressure and a series of gliding movements during the interval of the pains I attempted to dislodge the head from the right ilium and

move it in the direction of the pelvic brim, at the same time moving the breech and feet in the opposite direction, from below upward. Finding, after four or five attempts, that I could not do this—the position of the presenting parts on vaginal examination being unaltered—I ceased my efforts in this direction, and, reversing the order of procedure, attempted podalic version instead. Reversing, also, the position of my hands, that is, placing the palm of my left hand in the right groin and below the head and my right hand in the left flank and above the breech and feet, I now attempted by similar gliding motions of my hands, between the pains, to press the head and shoulder upward in the direction of the fundus, and the breech and feet downward in the direction of the pelvic inlet. This I succeeded in accomplishing without much trouble, the head and shoulder slowly rising in the uterine cavity at the same time that the breech and feet became more and more depressed, until finally the hand and forearm could no longer be felt on the right side, but a foot had made its appearance on the left. During the pains I simply steadied the uterus by my hands so as not to lose the advantage gained by manipulation. As soon as the foot was distinctly felt at the brim, I ruptured the membranes during a pain, seized the foot and lodged it fairly in the vagina. With the gush of waters a loop of cord together with the other foot came down, but, as it was pulsating, although feebly, and as pains were strong and the transit of the child through the pelvic canal rapid, I did not think it proper to lose time in vain attempt to replace it. The next pain rotated the left hip under the pubic arch and the right into the hollow of the sacrum, the shoulder following precisely in the same manner. Rotation continuing, the occiput came under the pubic arch, the forehead and face into the hollow of the sacrum. The head was delivered in the usual way, and its delivery was effected most rapidly. The entire time consumed, from the time of rupturing the membranes to the complete expulsion of the child, I think, did certainly not exceed four minutes. As pulsation in the cord had ceased, it was at once ligatured and divided. The placenta was expelled almost immediately afterward. The child made a few ineffectual attempts at inspiration and expired in convulsions, although every effort known to science was made to rescue it.

LOUISVILLE, KY.

Miscellany.

A NEW DRESSING FOR WOUNDS.—The list of materials which have been suggested for the purpose of dressing wounds is already so considerable that it would almost require a lifetime to test them by practical experience and to estimate the rival claims of the various dressings. Imbued as we were with the notions of antisepticism circulated by Prof. Lister, the restoration to use of such apparently unclean substances as turf, moss, and mud came upon us as a startling event when we had been trained to look upon all unprepared articles as scientifically filthy and improper. From Prof. Bruns, of Tübingen, we receive a fresh addition to our means for carrying out the after-treatment of wounds, in the form of a preparation which he calls "wood-wool," and which he recommends to surgeons. (*Berl. Klin. Woch.*, No. 20.) Fine-grained wood in the form of splinters and shavings such as are largely employed in paper factories, according to Bruns, is the kind of material to be used in preparing the dressing which is called wood-wool. Pine wood is preferred, and especially the *Pinus picea*, which is poorer in resin and of coarser grain as compared with the wood of other pines and firs. The further preparation of the wood shavings and splinters consists in their reduction to a state of finer division by being rubbed through a wire sieve, then dried, and finally impregnated with various antiseptic substances. That considered best is a half per cent of corrosive sublimate and ten per cent of glycerine (the percentage apparently referring to the ratio between these substances and the wood-wool). The advantages of such a dressing are believed to be manifold. Compared with ashes and turf it is absolutely clean, fresh, and of white color, and is soft and pliable like ordinary wool, and withal of extraordinary cheapness. It possesses, in virtue of its contained resin, ethereal oils, certain antiseptic properties, and is so easily adapted to the wounded parts and of such elasticity that a uniform and equable pressure is easily obtained. Its principal property, however, is its extraordinary power of taking up fluids; in this it excels all other forms of dressings; it absorbs twelve times its own weight of fluid, so that ten grams of dried "wood-wool," after complete saturation, weigh one hundred and thirty grams. Simple sawdust absorbs only three to four times

and a half its weight of water, ashes only nine tenths, and sand only four tenths. This dressing has been in use by Bruns for half a year, and he has every reason to be greatly satisfied therewith. With the exception of one case of erysipelas, no secondary accidental wound diseases were met with.—*Medical Times and Gazette.*

Malaria in Italy.—The Italian Minister of War has had prepared for the use of the military authorities a statistical map, showing the extension and relative intensity of malaria throughout the peninsula. This map has been compiled from an exhaustive series of sanitary observations that have been carried on for years in all the provinces of the kingdom. Italy is divided into sixty-nine provinces, of which only six are completely free from this scourge, while it is felt with great severity in twenty-one. It is estimated that forty thousand men, or more than ten per cent of the army, are annually victims, many fatally, to malaria; and the annual cost of special hospital arrangements to meet this amounts to over 10,000,000 francs. The general damage to the whole population from the ravages of this plague must be very great, if we remember that it strikes down hundreds of thousands of working-men at the most industrious period of their lives, and that it is the tangible cause why many districts are allowed to remain barren and uncultivated. It is noteworthy that malaria seems to have increased both in extent and intensity with the development of railways. This is attributed to the large excavations, which are allowed to remain unfilled, becoming in time the sites of stagnant pools or marshes. There are some of the Italian lines which have acquired the reputation of being permanent homes of malarial fever, so that the strongest constitutions can not resist its continuous attack. Hence there is great difficulty in securing the supply of personal service necessary to fill the gaps that are being perpetually made by this insidious disease.

The Localization of Motor Areas in the Brain.—In no department of medicine, probably, has so much advance been made during the last ten years as in the functions of the brain. (Med. Times and Gazette.) It is but a short while ago that little more was known than that each hemisphere corresponded to the opposite side of the body; now, thanks to the careful clinical observation and accurate pathological study of such men as Broca, Charcot, Flechsig, and others, we are beginning to see that each convolution has its special function, and no other. In the *Revue de Médecine* for May, MM. Charcot and Pitres have commenced a further study of the motor areas in the cortex of the brain, by analyzing all recorded cases that bear on the question. In the present article they deal solely with the non-motor region, this comprising the sphenoidal and occipital lobes, the superior parietal lobule, the lobule of the *pli courbe*, the lobule of the island of Reil, the cuneus and precuneus, the orbital lobule, and the anterior part of the first, second, and third frontal convolutions. Since their paper on this subject, in 1878, forty-four cases have been recorded of damage to these areas either by softening, hemorrhage, compression, or irritation, no matter how caused, without any permanent disturbance of motor function being produced. The only point on which any doubt could be permitted is as to whether the lobule of the *pli courbe* is concerned in raising of the upper lid. MM. Charcot and Pitres think not, and they emphasize the fact that lesion of this area is *sometimes, but not always*, followed by ptosis. They conclude that when a lesion of the brain does not involve, either by compression or irritation or directly, the ascending frontal or parietal convolutions or the paracentral lobule, it will not give rise to any disturbance of movement. Their next communication will contain an analysis of the recent cases of damage to the motor area itself.

The Lancet thus comments on the growing crime of infanticide: The late Mr. Wakley used to assert that the number of infants murdered in the metropolis, in the course of a year, must be counted in hundreds which could not be told on the fingers. His estimate may have been too large, but the position he held as coroner gave him opportunities of forming an opinion that could not be put aside without a large amount of counter-evidence, which certainly was not forthcoming. We greatly fear that a very large proportion of the deaths of children only a few months old must be classed as avoidable. When it is not desired that an infant shall live, nothing is easier than to let it die. We know, for example, that a large percentage of the children who die by what is called "overlaying," or who are, in other words, suffocated by their parents in bed, come by their deaths because their

parents are drunk. In short, they are distinctly "killed," but the killing is not called murder, because those who do the deed happen to be intoxicated, or — which is the same thing—are supposed to be so. We can not help thinking that the leniency commonly shown in these cases is mischievous; it tends to multiply crimes of this class, and it cheapens human life in the eyes of the humbler orders of the people. We should like to find a few of these cases sent for trial on the charge of manslaughter at least. The mere fact of so sending them would act as a deterrent to those who, being anxious to get rid of an infant who may chance to be an encumbrance, pretend to a certain amount of affection for it, but nevertheless "overlay" it in a fit of pretended drunkenness, much to their secret gratification. Coroners and juries are too tender-hearted in dealing with the parents of young children who come by their deaths by a neglect which is the result of indifference, or something worse. Of late a practice seems to have sprung up of packing undesired infants in parcels and leaving them to their fate. This is a form of brutality which ought to be visited with all the severity of the law. It is, however, to be feared that even this mode of "doing children to death" will not be treated as it deserves. Infanticide is a grave social crime, but it is one that modern opinion is wont to regard with inexplicable complacency.

"Thorough" Removal of Cancer of the Breast.—At the annual meeting of the Medical Society of the State of Pennsylvania, held this month, Dr. S. W. Gross recorded his results from the "thorough" removal of cancer of the breast. The operation consists in amputation of the mamma with the whole of the covering skin and fascia, and the fascia over the pectoral muscle, together with exploration of the axilla and complete removal of the lymphatic glands if any of them are found to be infected. Dr. Gross has operated in this way twenty times. In one he was unable to remove all the obviously diseased tissues, in three others he had not been able to obtain any subsequent history. Of the remaining sixteen cases, one died, one was incomplete, in seven recurrence within a year ensued, and seven cases were considered to be successful, for they had remained free from recurrence for periods ranging from eleven to fifty-six months, or an average of over twenty-seven months. Three patients were shown to the Society, one of whom had been free from recurrence for four years and eight months, one for three years and eight months, and the third for sixteen months. In the second of these cases the axillary glands were not removed, in the other two they were. The cicatrices were soft, pliable, and freely movable.

Syphilitic Contagion.—C. H. F. Routh, in London Medical Press, says: By this excessive contagion of syphilis, we can, in a measure, understand that a woman should disease a man by her secretions, although no sore of any kind can be found in the sexual organs. This is the definite opinion of most observers, notably Mr. Henry Lee, Dr. Drysdale, Dr. Graves, of Dublin, and French authors. Mr. Lee goes so far as to say that more than half the cases of syphilis which occur in men are due to contagion from women in such condition. Dr. Graves proved it incontestably by inoculation from a woman who had been cured of all primary symptoms for over three months. Moreover, inoculation has verified the asseveration over and over again, and now that secondary symptoms are admitted to be contagious (a fact so long denied by Ricord) this can not be said to be unlikely. But Mr. Fournier extends this contagion to a period of three or four years, during the whole time of which the patient should be medically treated before a marriage could be safely concluded. I suppose also that it will be admitted that the same woman may at different periods (especially immediately before and after the catamenia, and whenever there is any admixture of blood in her secretions) convey not only more certainly but more severely syphilis, the blood of truly syphilitic persons being particularly infectious.

Syphilis has been conveyed by an insufficiently washed speculum, or a vaginal canula, so much so that Dr. Giersing, of Copenhagen, attributes the increase of syphilis in that town to the obligation lately enforced there of examining the women twice a week.

Ligature of Internal Jugular Vein. Dr. Markoe related to a recent meeting of the New York Surgical Society, a case in which during a deep dissection under the sterno-mastoid muscle for removal of a glandular tumor, he opened the internal jugular vein just opposite the entrance of

the lingual and superior thyroid veins. The hemorrhage was very profuse. After checking it by tying the lips of the wound, he dissected the parts carefully, and placed a ligature on the vein above and below the wound, and then cut the vessel across between them to relieve all tension upon the vein. He considered that it was not a safe practice to leave a lateral ligature upon a wounded vein. Dr. Gross's statistics show that secondary hemorrhage is unknown after complete ligature of a vein.

The National Medical Library and Museum.—At the recent sessions of both the American Medical Association and the American Surgical Association resolutions were offered by distinguished members of the profession, and unanimously adopted, urging upon Congress the necessity of a fireproof building and the requisite appropriation for the preservation of the great library and museum of the Surgeon-General's office. This great collection of medical books and pathological specimens is now stored in an old theater, and exposed to all the dangers of destruction by fire. The annual appropriation for adding to the library new books and periodicals, as published from year to year, is only granted by Congress in the most niggardly manner after being cut down in committee. Medical men in this country are sufficiently influential in the political affairs of the several States of the Union to secure from their representatives in Congress a proper recognition of this great store-house of knowledge. We would urge upon our readers the importance of bringing this matter personally to the attention of members of Congress now, while the statesmen are enjoying the *otium sine dignitate* of the summer vacation.

An Incident at a Vivisection Lecture, Paris.—A Paris correspondent states that M. Brown-Séquard was giving a lecture at the College of France on vivisection, and produced a young monkey on which he intended to perform experiments. He had not proceeded further than to tie up his patient—who, not liking the preliminary operation, uttered piercing cries—when a lady, elegantly dressed, stepped forward and struck the professor across the face with her parasol. He was ungallant enough to call her "an old fool," and ordered her to be removed. At the police-office she said she had only properly acted on the Gramont humanitarian law. The correctional police will decide whether the plea justifies an assault.

The New York Medical Journal thus alludes to the President-elect of the American Medical Association: In its newly elected president, also, the Association has done itself an honor. Dr. Flint's position has been such for years that no distinction in the power of the profession to confer upon him could heighten it. It is to be hoped that the meeting over which he will be called to preside at Washington, next year, will be of such a character as to repay him for the pains he will undoubtedly take to make it worthy of the profession.

The Science of Medicine.—A Frenchman, M. Raynaud, thus quotes Bichat: An incoherent assemblage of opinions in themselves incoherent, it is, perhaps, of all physiological sciences, that in which the oddities of the human mind are best depicted. I say that it is not a science suited to a methodical mind. *It is an informal assemblage of inexact ideas, of observations that are often childish, of illusory means, of formulas as curiously conceived as they are fantastically arranged.* [The Italics are ours.] It is said that the practice of medicine is repulsive. I go further, and say that it is not the practice of a reasonable man as its principles are carried out in the greater part of our materia medica.

Broussais said—and in his day such doubtless was the case—that medicine had only landed men in a chimerical hope, and, taken all in all, *had been more harmful than useful to mankind.*

A Popular Therapeutical Delusion.—There is no more common practice than that of giving spirits of nitrous ether as a diuretic. According to Dr. Nunneley and to recent experiments made by Mr. Edmund A. Cook (British Medical Journal), nitrous ether is in no sense a diuretic by itself, or a diaphoretic.

An Improvement in Litmus Paper.—Dr. Squibb has substituted for the ordinary blue and red litmus paper, a single color, viz., purple. This purple litmus paper turns red with acids, blue with alkalies. It is claimed to be much more delicate and convenient.

Mr. James F. West, Senior Surgeon to the Queen's Hospital, Birmingham, is dead.

The Louisville Medical News.

Vol. XV. SATURDAY, JUNE 23, 1883. No. 25.

LUNSFORD P. YANDELL, M.D., - -
L. S. McMURTRY, A.M., M.D., - - - } Editors.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITORS OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

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VACCINATION.

The discussion of the subject of vaccination, at a recent meeting of the Medical Society of Louisville, evidenced a strong disposition on the part of the profession of this city to return to the use of the humanized vaccine virus. The ivory points loaded with bovine matter have been in general use in this city for the past three or four years, though a number of practitioners have maintained a preference for the humanized virus. The dissatisfaction with the points relates to their being unreliable, which is doubtless due to the heavy demand with a limited supply at certain seasons and the deterioration which must come from transportation. We noted, in a recent number of this journal, similar observations reported from New Orleans as the result of the experience of the profession there during the recent epidemic.

The following extract from the proceedings of the Medical Society of New Jersey, at its recent session, indicates a similar state of professional opinion:

Dr. H. H. James, chairman of Committee on "Where and of whom reliable vaccine virus may be obtained," then made a report, in which he stated that each physician for himself ought to investigate whether the virus he uses is pure and reliable. Owing to the prevalence of smallpox for the last few years, the demand for vaccine lymph has been great; so that, in order to meet this need, a quantity of unreliable virus has been thrust on to the professional community by the "vaccine farms," "vaccine companies," etc. Dr. Wm. M. Nelsh, Surgeon of Municipal Hospital, Philadelphia, says that one propagator is able to charge from eight thousand to fifteen thousand points from one heifer. This is four or five times the number collected by more reliable producers. There is a so-called patent lymph advertised and sold throughout the country. One of these specimens was examined by Dr. J. Mitchell Prudden, of New York, and he found it to contain epithelial cell, hairs, some broken off, others having their roots attached. Besides these things there were fragments of vegetable substances of various kinds. It is thus shown how impure and unreliable much of the lymph is. The author of the paper said that perfectly reliable virus might be obtained from Dr. Henry A. Martin & Son, Boston, or from Dr. Frank P. Foster, of New York. He closed his report by saying that the propagation of animal virus is a service requiring very exact management, and should be committed to no hands but intelligent and conscientious physicians.

After the reading of the paper it was discussed by Dr. J. D. Osborne, of Newark, who said that physicians are much to blame for the unpleasant results which so often follow vaccination with animal virus. He considered the humanized lymph much more reliable.

Dr. Price, of Camden, agreed with Dr. Osborne, and further stated that after vaccinating a child with humanized virus he had placed it in the bed with its father, who had smallpox, without any fear of the disease being transmitted from the sick to the healthy. No unfavorable result followed.

It is by no means an accepted fact in the history of vaccination that the potency of the virus is diminished as relates to protection from smallpox by transmission, thereby necessitating a return to the animal virus. The greatest disasters incurred in vaccination are attributed to the inoculation of decomposing animal matter. There is every reason to believe that these risks are incurred in using impure animal virus as well as with the humanized lymph. By many "arm to arm" vaccination is considered the most satisfactory method, and, after that, many claim the crust to yield the best results.

After all, the discrimination between the two kinds of virus now in the hands of physicians is to be made with reference to the facilities for abundant supply and easy preservation. Equally good results as to

protection are claimed for both the bovine and humanized virus. It has been so often and so thoroughly demonstrated that, by vaccination and revaccination absolute protection from the dangers of smallpox can be secured, no doubt on this subject can be reasonably entertained. The difficulties of vaccination appertain to the uncertainty as to energy and purity of the virus offered the profession, and the care with which the little operation of its introduction into the system is performed. We reiterate in this connection an observation made some weeks since in these columns. Thorough vaccination with its protective results can be most surely obtained in communities by constant vaccination in the intervals between epidemic visitations of smallpox, when an abundance of fresh and reliable virus, either humanized or bovine, is at hand. The disastrous results of vaccination are almost invariably encountered during those periods of panic when the supply of virus is hard pressed to meet the demand. While the embers of smallpox smolder in remote localities, or occasional cases spring up in the weekly health reports, then the good work of vaccination with carefully selected virus should go on. Education of the laity upon this important point is necessary before the complete protection guaranteed by vaccination will be realized. An occasional word from the family physician upon this subject will do much to develop an appreciation of its importance in the popular mind.

A JUST AND MANLY ACT.

A few weeks since Dr. C. G. Comegys, a well-known practitioner of Cincinnati, failed to recognize a case of smallpox which came under his care. The case was one of those rare forms of variola known as *purpura variolosa*, and was diagnosed by Dr. Comegys as *purpura hemorrhagica*. The body being transported, and the coffin opened by relatives—though cautioned against such risk by Dr. Comegys—the disease was communicated and recognized. The lay press of Cincinnati in characteristic manner, regarding medicine an exact science, absolute in accuracy, severely and unjustly criticises Dr. Comegys for this error in diagnosis. These criticisms elicited the following publication from two prominent physicians in Cincinnati. Such action on the part of rival practitioners in the same city is worthy of the highest admiration, and the example is both to be commended and emulated by physicians every where. Instead of observing a significant silence, with expressions of "how unfortunate," "very sorry," etc., they make public a similar oversight on their own part, and thus, in a manly, honest way, give timely aid and support to a colleague exposed to unjust and intemperate public criticism. All honor to these eminent gentlemen, who thus prove themselves worthy members of a great and noble profession. We append the letter, which is worthy of all praise:

DEAR DR. COMEGYS: We desire to express to you our sympathy for the painful criticism to which you have been subjected in the daily press for having mistaken a case of purpura variolosa for a case of purpura hemorrhagica, and believe that the report of an almost similar accident which occurred in the hands of three of us, Dr. James Graham and the subscribers, which you may use as you see fit, will at least divide the responsibility among a greater number.

In this case, which happened seven years ago, the symptoms were so vague and ill-defined that we felt constrained to regard it as an anomalous case of typhoid fever, and so reported it in the death certificate. On post-mortem examination the lesions were found more like that rare form of disease, purpura variolosa, and we determined to report it as such to the Academy of Medicine of this city. The full account of this case, with the subsequent discussion, is detailed in the Cincinnati Clinic, July 15, 1876. We subsequently learned that the body had been in the meantime shipped to some town in the interior of the State.

We trust that you may take comfort, in this evidence of human fallibility which we share with you, in the celebrated aphorism of Voltaire: "Only the charlatan is alway certain."

J. T. WHITTAKER,
P. S. CONNOR.

Bibliography.

Lectures on Orthopedic Surgery and Diseases of the Joints. By LEWIS A. SAYRE, M.D. Second edition. Pp. 569, with 324 illustrations. New York: D. Appleton & Co. 1883.

In 1876 Professor Sayre gave to the profession the first edition of this work, which sets forth the views and methods of an able and original surgeon, who for a number of years has devoted himself with great energy and success to investigations in orthopedic surgery. The distinguished author has not undertaken the useless task of reviewing and criticising all the principles and methods comprised in the science of orthopedics, but prefers to give in the form of lectures, written in that effective style for which he is famous, his own views as to the pathology, diagnosis, and treatment of this important class of diseases and malformations. The edition now issued posesses the same features, with the addition of much new matter and numerous illustrations, so that it may be regarded a complete compendium of the author's views and original observations in this department of surgery. Some of the chapters have been rewritten, so that the work may now be considered complete.

A debt of gratitude is due this eminent surgeon for the great interest he has awakened, both in his own country and abroad, in the study and treatment of deformities and diseases of the joints. He found the orthopedic armamentarium a mass of mechanical horrors, and he has introduced methods which are both effective and humane. The book contains thirty-two chapters, of which five are devoted to the consideration of diseases of the hip-joint. The chapters upon caries of the spine and the resultant deformities will be particularly welcome at this time, since they embody the most recent views of the author upon those methods of treatment with which his name is so intimately associated. He considers the objections to the plaster jacket, and accurately gives the indications for its employment.

In the compilation of statistics, as well as in other portions of the work, the author has enjoyed the valuable services of his son, Dr. Lewis Hall Sayre. An excellent colored lithograph, illustrating a section of an exsected hip-joint, makes an attractive frontispiece to the volume. All of Prof. Sayre's work is characterized by great originality, vigor, and self-reliance, and his lectures exhibit a power of graphic description equaled by few medical writers. As a record of years of brilliant labor, as a guide to the general practitioner, and a work of constant reference to the orthopedist, this book is worthy the highest commendation.

The Practitioner's Ready Reference Book: A Handy Guide in Office and Bedside Practice. By RICHARD J. DUNGLISON, A.M., M.D. Third edition, thoroughly revised and enlarged. P. Blakiston, Son & Co. 1883. Pp. 529. 8vo.

Every physician in active practice feels the need of a convenient volume within which he may at a moment find information of practical character relative to those important duties in which accuracy is so essential. Such knowledge is scattered through the voluminous pages of medical treatises, in the inaccessible pages of medical periodicals, or exists in the physician's mind in doubtful recollection. Every physician, on entering practice, feels the need of a work of reference, containing these important bits of professional knowledge. That Dr. Dunglison has supplied this real want of the practitioner, is demonstrated in the fact that the work before us has reached a third edition.

As is well known, works of this character have not been favorably received by the higher class of practitioners, since they tend to establish routine and unscientific methods of practice. This work is not within the range of such criticism. It deals with those practical features of medical knowledge which necessitate constant reference. It is cyclopedic in character, and is the work of an accomplished and painstaking author, who is fully cognizant of the wants of the busy practitioner. The present edition has been greatly enlarged, and every chapter has been brought up to the most advanced standard of scientific progress. We regret that our space will not permit a detailed notice of the most important chapters; but we can not withhold the highest special commendation of the chapters on Medical Etiquette, on the Application of Trusses, on the Use of the Galvanic Battery, and on Dietetic Preparations for the Sick. Indeed the work is a perfect store-house of valuable knowledge of most recent character daily required by the practitioner of medicine. If kept on the table for daily reference, it will prevent many of those embarrassments which so often impair the reputation and destroy the peace of mind of physicians. We advise all our readers to keep in convenient reach Dr. Dunglison's excellent work.

Medical Societies.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Case of extreme Mitral Stenosis, death resulting in a few months from sequential lesions without general dropsy. By J. T. Eskridge, M. D., Physician to Jefferson Medical College and St. Mary's Hospital.

Charlie, aged fifteen years, died in St. Mary's Hospital during the latter part of December, 1882. In February of that year, during my term of service, he first came to the hospital, suffering from acute bronchitis. The attack ran its course in a week or two; but the heart, during and after the seizure, was exceedingly irritable, frequently beating from 120 to 150 times per minute. Infrequently he complained of pain over the precordial region. The heart was repeatedly and carefully examined, but no endocardial murmur or pericardial friction-sound was heard. No thrill or friction fremitus was felt. He was kept in the recumbent posture, and counter-irritants were applied to the precordium. At the end of about two weeks he left the hospital, feeling tolerably well, although the cardiac pulsations were rarely below 100 per minute, and a little exercise or excitement of any kind would increase them to 120 or more.

In August, 1882, he re-entered the hospital, and was again suffering from acute bronchitis, with free secretion, attended by numerous subcrepitant and large, moist bronchial râles. After the subsidence of that attack, which took place in about a week, a decidedly rough and rather long presystolic murmur was heard. During the remainder of his life he staid in the hospital, and was engaged most of the time in waiting upon the sick in the ward. Ascending and descending stairs and active exercise of any kind greatly exhausted him, causing him to pant for breath and the heart to beat tumultuously. He rapidly grew worse, and by the latter part of November he was spitting quantities of blood rather frequently. The lungs soon became so engorged that the frequent hemoptysis did not relieve them. During most of December he remained in bed propped up by pillows. The last two weeks of his life he was air-hungry, and gasped for breath. His extremities were cool and cyanosed, his face was of a dusky hue, and he expectorated large quantities of blood and frothy mucus. No general dropsy existed. Considerable albumen was found in the urine. Physical signs of pulmonary congestion and edema, bronchitis, pleurisy with effusion, pleuro pericarditis, and pericarditis with effusion in the pericardium were present during the last few weeks of his life.

Sectio cadaveris. Numerous recent and old pleuritic adhesions were found, especially in the neighborhood of the heart. Pleuræ were slightly adherent to the upper portion of the pericardium by means of recent exudation. Considerable fluid, containing only a trace of lymph, and no pus, was seen in the pleural sacs. The pericardium contained several ounces of nearly clear serum. Several patches of recently exuded lymph were present on the outer surfaces of the ventricles. The weight and size of the heart were greatly increased. The right cavities of the heart were relaxed and filled with dark fluid blood and a chicken-fat clot. The left side of the heart was less relaxed, and contained a smaller quantity of blood. The wall of the right ventricle is nearly twice its usual thickness. Its cavity is slightly enlarged. The right auricle is dilated. The valvular curtains at the pulmonary orifice appear competent, and show no inflammatory deposits. Tricuspid valve slightly incompetent; otherwise normal. The left auricle, with its appendix, is enormously dilated. The left ventricle is concentrically hypertrophied. The aortic valve curtains are somewhat thickened; but they are competent, and do not encroach upon the orifice. The mitral curtains are adherent to each other along their entire right borders and along the external portion of their left free margins, thus leaving a space only four millimeters long by two wide for the blood to pass through. The valve has a leathery feel, but neither it nor the surface of the auricle is rough. The mitral valve does not present the funnel-shaped appearance usually seen in such cases, because probably the curtains had adhered to each other irregularly, and left the small opening to one side of the center of the normal orifice. The lungs were dark, deeply congested, and more or less edematous. Several ounces of clear serum was found in the peritoneal cavity. Liver, spleen, and kidneys dark and congested.

One point in the clinical history of this case is worthy of special attention. The first symptoms directing attention to cardiac disease were the rapid pulse and exceedingly irritable condition of the heart. These symptoms existed for several weeks, and

probably for a few months, before a murmur was audible. An explanation of these, without the presence of a murmur, will be found by a careful study of the diseased mitral valve before us. Neither the valve nor the surface of the auricle are roughened; consequently, for the production of a presystolic murmur under such conditions it is necessary for the blood-current to meet with sufficient resistance in its passage from the auricle into the ventricle to enable it to set up decided vibration in the valve itself. Before sufficient mechanical obstruction took place at this orifice, the parts being comparatively smooth, to develop a murmur, inflammation and beginning adhesions of the curtains to each other were taking place. The latter conditions, although not sufficient to give rise to a murmur, rendered the heart irritable. If the explanation given is the correct one, it points to the significance of some irritable hearts where no murmur is present to announce cardiac valvular disease. The length of the murmur was greater than that of any mitral presystolic murmur that I had heard before. It seemed to be divided into two parts, both occurring between the diastole and systole of the heart. The first part was the softer, and had less intensity; the latter was very rough, and ended abruptly. They corresponded to what Hayden has described as the post-diastolic and pre-systolic murmurs. He says they always denote great obstruction at the auriculo-ventricular orifice. The post-diastolic murmur, he thinks, is due to the passive flow of blood from the auricle into the ventricle; the presystolic taking place when the auricle contracts. If subsequent autopsies should almost constantly associate the prolonged or double pre-systolic murmur with great stenosis at the mitral orifice, it will be of value in prognosis, as life can not long continue when stenosis is as great as seen in the heart I exhibit to-night.

Intra-thoracic Aneurism.—Dr. F. P. Henry exhibited a specimen of intra-thoracic aneurism, markedly sacculated, and involving the arch and descending portion of the aorta as far downward as the lower border of the sixth rib. The following notes were taken by Dr. Howard Kelly, the then resident physician, soon after the patient's admission to the Episcopal Hospital:

December 7, 1882, there is a "distinctly elevated area about two inches in diameter to left of manubrium, occupying the first and second intercostal spaces, and projecting the cartilage of the second rib. This is also the seat of greatest dullness and of strong bruit and expansile movement. Murmurs heard at apex, ensiform cartilage, and second right costal cartilage. . . . Aortic sounds weak and muffled. Pulse in right radial and axillary strong; in left radial and axillary weak and distinctly delayed. Brachials at elbow visible, sinuous, and atheromatous. Faint bruit in left axillary; none in right. Strong bruit in left carotid; faint in right. Same relation between subclavian arteries. Faint bruit in abdominal aorta. Left pupil always smaller than right."

Under the use of large doses of potassium iodide, there was a decided subsidence of the external tumor; also of the pulsation and bruit. The most troublesome symptom, dyspnea, was not, however, materially benefited. Death occurred on May 13th, through rupture into the right bronchus, and was immediate.

The removal of the aneurism was rendered difficult by the adhesions to neighboring tissues, especially to the sternum and ribs in front. The fifth and sixth dorsal vertebræ were deeply eroded, and at the site of these erosions the aneurismal wall was entirely gone, its place being supplied by two masses of fibrin accurately fitting into the erosions, but unconnected organically with the sac. They merely acted as plugs. The heart was in an advanced state of fatty degeneration, and slightly enlarged. The aortic valves were perfectly healthy, but immediately above them well-marked atheromatous changes. The opening into the right bronchus was about the *size of a three-cent piece.*

A Case of Acute Phosphorus Poisoning.—Dr. Henry also presented specimens from a case of acute phosphorus poisoning, consisting of stomach, liver, kidneys, heart, and spleen. The phosphorus was taken with suicidal intent during the night of May 7th, and was obtained by soaking the heads of a box of matches in water. Fifteen minutes after swallowing the solution, the patient, a male German, aged twenty-two, experienced a burning sensation in the stomach, which in the course of a few hours (about six) steadily increased until the pain became excruciating. Copious and repeated attacks of vomiting then ensued and followed every attempt to allay thirst, which was excessive. On the 8th there was a very loose discharge from the bowels. The patient was admitted to the hospital on the 10th. His skin was sallow and dark, but not then icteric in hue. There was tenderness over the liver,

and the line of liver dullness was slightly increased. Severe pain in the abdomen was complained of, and this pain had continued with occasional intermissions since the 8th. The pulse was full and strong, 84 per minute. The temperature was 100°. The urine contained considerable albumen, but no casts nor other abnormal ingredient.

I extract the following from notes taken by the resident physician, Dr. James S. Carpenter:

May 11th. No pain. Pulse 100. Temperature 98.6°. Patient refuses food, but craves acid drinks.

May 12th. Vomited once, but phosphorus not tasted by the patient as heretofore. Pulse 108, and weaker. Temperature, which was 101° on the evening of the 11th, now 98.6°. Decided icterus. Thirst continues.

May 13th. Jaundice increased. Tongue dry and brown, red at edges. Abdominal wall covered with numerous petechial spots. Pulse 126. Temperature 100°.

May 14th. Intense jaundice. One clay-colored stool. Pulse very weak, 132. Temperature 98.5°. Extremities cold. Bladder relieved by catheter; forty-eight ounces removed. The urine contained bile pigment in large amount, and had a strong odor of phosphorus. The man died at 11:40 A. M., one week, less fourteen hours, after taking the poison. As the patient was not admitted until the third day after he had swallowed the phosphorus, the treatment was directed toward relieving pain and maintaining the strength as far as possible.

At the autopsy, which was made very soon after death, the stomach was found filled with a grumous, bloody fluid; but the gastric mucous membrane was quite pale, and free from erosion or any sign of inflammation. The folds of mucous membrane upon its surface were, however, unusually prominent. The liver weighed three pounds and fourteen ounces. The anterior border of right lobe and the parts adjacent to the gall-bladder were yellow-mottled. Streaks of this yellow collection extended along the borders of the fissures on the under surface. In parts these streaks were an inch in width. The bulk of the liver was normal in appearance. The gall-bladder was empty. Heart rigid in systole; valves healthy; slight pericardial effusions. Lungs—some old pleuritic adhesions and emphysematous vesicles at both apices. Spleen and kidneys apparently healthy; blood florid. A microscopical examination of the liver will be made and reported upon at a future meeting.

Selections.

RENAL INADEQUACY.—Dr. Andrew Clark thus describes a condition with the above title, and makes a valuable contribution to our knowledge of certain conditions:

Every man present, I am sure, knows as well as I do multitudes of people who are constantly suffering from ailing health, and whose ailing health can not be referred satisfactorily to any definite cause. The progress of knowledge is greatly enlightening our ignorance about these multitudes of people. It is telling us that some of these people owe their troubles to heredity, to the father who has "eaten sour grapes, and set his children's teeth on edge," to a capricious, weak, and irritable nervous system, to violations, petty but continuous, of simple physiological laws, and so on. But there are numbers of this multitude of ailing people whose illnesses can not be accounted for by any one of these causes to which I have alluded. Upon this multitude I would venture to make a little inroad, and I say that one considerable part of that multitude owes its ill health to deficient excretion.

We all know the importance to the solidarity and health of the economy of an adequate production and discharge of sweat; we know equally the importance to the economy to the adequate production and regular discharge of feces. I am confident, with respect of this latter part of the question, that numbers of young women owe their anemias, their chloroses, their defects of health of various sorts, and often of long duration, to the inadequate discharge from the body of feces; and I now well understand that which one of our great fathers in medicine is reported to have said, speaking of the treatment of anemia, that, if he had only two remedies to deal with anemia in young women—purgatives and iron—he would prefer to rely for success on his purgatives. Well, the same thing may be said about defective excretion from the kidney. The kidney, as we all know, has a very important function to discharge, and the well-being of the economy seems, in a very peculiar and definite way, to depend upon the adequate discharge of the kidney's offices. We know that what is called Bright's disease is not, as a rule, a structural alteration in the kidney which brings about at last a fatal issue, but it is interference with the function of the organ, interference with the eliminative function of the organ; it is not simply the letting out of albumen, for sim-

ilar amounts of albumen and greater amounts of albumen in other affections can be discharged from the body without serious detriment to its well being; it is interference with its excretory function; it is the retention in the blood of matters which ought to be cast off from the blood, and which, not being cast off from the blood, remain in it and poison it. There are cases which, in some measure, I venture to separate off entirely from Bright's disease, in which the kidney, without any sensible alteration of structure that our modern means of investigation will enable us to determine, can not produce a healthy urine. Such kidneys produce a urine which, assuming the quantity to be a quantity of health, is low in density, and is deficient in solid constituents, principally the constituent of urea and its congeners. I will exclude uric acid. I have spoken on this subject once before, and, on that occasion, I committed an error. I said that the main feature of a kidney in this state was, that it could not secrete urine with a proper amount of urea and uric acid; but I find that many of these kidneys, of which I shall speak more precisely in a moment, do not have a deficiency of uric acid; I have learned that since. They have all, however, a deficiency of urea. There is a certain state of the kidney, I repeat, in which, without any alteration of structure that the eye can detect, it can, nevertheless, not produce a perfectly healthy urine. It is a urine low in density and deficient in solid constituents, principally in urea and its congeners. I call this state renal inadequacy.

You may say, "It seems scarcely wise to introduce a name like that, when probably it is nothing less than an early stage of Bright's disease. Why bring in another name?" I will not say that it is not an early stage of Bright's disease; I do not know. I think it need not necessarily be; but I shall assume that it is, perhaps, a very early stage of Bright's disease. I nevertheless think it of practical value—and we who are here to-night are practical men—to recognize by a distinct name a state which may remain as it is during the whole period of life, which is nevertheless capable of removal, and which, if unnoticed, may lead to serious injury to the patient.

Let me explain. The people who have this renal inadequacy are characterized by three things particularly. First and foremost, they are characterized by a curious inability properly to repair damages done to them either by accident or by disease. I have no doubt you, as well as I, have often been puzzled to know why, in particular cases, they could not repair a common accident; or why, in a disease such as pneumonia, the exuded stuff was not melted and speedily swept away; why a man who had met with some trifling accident in the wrist or shoulder remained suffering from it. Then, they not only repair damages of this kind slowly, but they are peculiarly vulnerable. They are the people, as a rule, who are always catching cold, and who, when they catch cold, come within the category of the first characteristic—namely, that they do not get rid of the cold. They are the people who, without apparent reason, and without other existing disease, get pneumonias, pleurisies, pericarditis, and the like. Then, thirdly—and, I think, almost the most important thing to be noticed about these cases—you can never be sure of the result of the performance of an ordinary surgical operation upon them. It is this class of people, as I had the opportunity a few years ago, in London, of discovering, that die from a simple operation by hemorrhage. It is this class of people who have an abscess opened and immediately become what is called pyemic. It is this class of people who, without being able to explain it, attracted the notice of that distinguished surgeon, Sir James Paget. Some years ago he said, "Whenever I find a man in ill health, without definite cause for the ill health, I feel sure that my chances of success in operating upon him are diminished by at least one half." Subsequently he found out, and recently expressed the opinion to me which I had expressed upon a patient of his, that it was due to the low density of the water. The story is this. I was summoned to see a man who was about to undergo a surgical operation, and I was asked the question, "Is this man a suitable person for a surgical operation?" I required, before pronouncing judgment, that I should have the complete urine of two days kept and sent to me. I examined it. The urine was under the quantity—under forty ounces; the density was 1.008 or thereabouts; there was no albumen; there were no casts; but the urea was 1.2. I replied, that it would be at the peril of his life if any operation were performed upon him. They were not satisfied—at least the surgeon was not—with this expression of opinion. Sir James Paget was called in, and he gave the same judgment. Meeting him afterward in consultation, he asked me the question, "Why

did you object to an operation being performed upon the patient?" I said, "On account of the state of the urine;" and he said, "I objected also on the same ground." That shows that from different quarters this question of renal inadequacy has presented itself to the surgeon's mind as well as to the physician's. This, then, is what I mean by renal inadequacy. I refer to those people who have kidneys which, though not materially altered, or at least not altered in any way that we can determine by physical investigation, are yet incapable of producing a sufficiently healthy urine (like an imperfect skin, that is incapable of producing sweat); I mean a urine sufficiently rich in ordinary matters of waste which it is the the business of the kidney to discharge from the body.

A Sharp Spoon in Gynecology.—A recent number of the *Archiv für Gynäkologie* contains an excellent article by Dr. v. Weckbecker-Sternefeld, of Munich, on the use of the sharp spoon in gynecology. (Medical Times and Gazette.) This writer's statements are based upon experience, for he gives a table and careful analysis of one hundred cases in which he has used the instrument which he recommends. In this absence of haste, it would be well if his example were more generally followed; for we have known instruments exhibited and lines of practice laid down by men who had never once used their instruments, or seen a case calling for the practice they write about. The cases in which Dr. v. Weckbecker-Sternefeld advises the use of the sharp spoon (which, we may mention, is that known as Simon's) are these: In abortion, when the ovum or membranes, or part of them, are from any cause retained in utero; in cases of mole, vesicular or fleshy; after labor, in cases of hemorrhage or fetid discharges, caused by retention of bits of placenta or membranes, or polypoid growths at the placental site. The advantages of the sharp spoon as compared with the digital detachment and removal of such offending bodies, he thinks, are these: avoidance of septic infection; the small space required for its use; the completeness with which detached bodies can be removed in the hollow of the spoon; the almost painlessness of the proceeding for the patient; the absence of dragging upon the uterus, and the unirritating character of the proceeding. The instrument is used, of course, in the same way as the curette; it may in fact be regarded as a large curette, so shaped as to be capable not merely of detaching, but of bringing away any mass loosely attached to the uterine wall. The size of spoon which Dr. v. Weckbecker-Sternefeld finds most generally useful is about an inch long by rather more than half an inch across. The angle at which the spoon is set on the handle matters little, but it is convenient to have the direction of the convexity and concavity of the spoon indicated by marks on the handle. Its use does not give pain enough to make anesthesia necessary. Our author, as we have mentioned, gives a careful analysis of one hundred cases in which he has used the sharp spoon. Of these, in nine it was employed for the removal of an ovum in process of expulsion; in thirty-one for removal of membranes, or portions of them, after the embryo had been discharged; in twenty-seven for removal of placenta, or portions of it, after premature delivery; in twenty-eight, for the same purpose after delivery at term; in two, for atony of the uterus post-partum; and in the others, for endometritis, deciduoma at the placental site, placental polypus, fleshy and hydatid mole. Of the one hundred cases five died; three from puerperal septicemia existing before the operation was undertaken, one from enteric fever, one from peritonitis. The last mentioned our author considers the only one in which the fatal result could be connected with the operation, but in this there was also some disease of the rectum, and a previous attempt had been made to effect manually the object for which the spoon was used. In most cases no bad symptoms followed, and the patients quickly recovered.

Exophthalmic Goitre.—It is well known that the three classical symptoms of this disorder are not always present at the same time, the heart phenomena alone being absolutely essential to the diagnosis. (Medical Times and Gazette.) Other manifestations, less common perhaps, are diarrhea, profuse perspirations (local or general), and alterations of the cutaneous pigmentation. These too are well recognized as being, when present, part of the disease. But attention has recently been called to other symptoms which, if not overlooked, have at any rate not hitherto attracted the attention of observers in more than the most cursory manner. Among these the most constant would appear to be trembling (Marie, *Thése de Paris*), which affects the whole body

equally, and often appears before any of the characteristic symptoms have been observed. It seems to be more common in the incomplete (*frustes*) forms, than in perfectly typical cases. M. Ballet (*Rev. de Med.*, April,) mentions certain convulsive and paralytic phenomena as having been observed in association with exophthalmic goitre. We think, however, that the cases he brings forward under this head are not sufficiently numerous to exclude the possibility of mere coincidence, though M. Ballet's theory, that the convulsive phenomena are dependent upon perturbation of the heart's action is attractive. Further inquiries are needed upon these points. M. Ballet also includes polyuria, albuminuria, and glycosuria as among the occasional symptoms. In his opinion, exophthalmic goitre is only an expression of the nervous diathesis, which may occur alone or may be combined with other manifestations of the diathesis (*e.g.*, epilepsy, hysteria, chorea, etc.) In conclusion, we would ask whether it is not desirable to call the disease exophthalmic goitre? M. Marie speaks throughout of Basedow's disease. M. Ballet speaks indiscriminately of Basedow's and Grave's disease, both names in fact being used on the same page. This surely can tend to nothing but confusion. We should like to call the attention of both these writers to an article by Dr. Wickam Legg, in the last number of the St. Bartholomew's Hospital Reports, in which he denies that Basedow really described the disease at all, as his remarks allude almost exclusively to the condition of the eyes.

Kairine.—Another new drug has been recently introduced to the notice of the profession, which, from published reports, appears well worthy of being brought prominently before our readers. (Medical Press.) On the present occasion the first account of its properties comes from Vienna. Last year many attempts were made to find a substitute for quinine, and these resulted in the synthetic manufacture of chinoline, which, as many of our readers will be aware, was formed artificially out of aniline, nitro-benzol, glycerine, and sulphuric acid. The drug thus made had anti-febrile properties. Other experimental efforts were subsequently made and Otto Fischer, Koenigs, Bedal, and others succeeded in producing out of chinoline a preparation technically described as methoxychinolintetrahydride, but to which they gave the name of kairine. It is an oil that unites with hydrochloric acid. Professor Ludwig gave the above account at a recent meeting of the Royal Medical Society of Vienna, and further gave some account of the results of his own observations and of those of others. One striking effect of taking kairine was shown in the urine of the person taking it. It became brown or olive-green, and more rarely grass-green. It appeared as if some kairine went over the urine unchanged; it becomes still darker by exposure to air. The kairine urine constantly contained bacteria in considerable quantities, so that it would almost seem as if the drug afforded good soil for their growth.

Professor Drasche, who introduced the drug into Vienna practice, then spoke, and gave the results of a series of observations. In large doses—0.5 grain every two hours, up to three grains in the twenty-four—a considerable fall of temperature took place, but accompanied by shivering and grave symptoms of collapse, so that he afterward gave it in 0.2 grain doses until two grains had been given in twenty-four hours. The dose of 0.3 grain caused a fall of 3.4° C. in a case of pneumonia, and in another, a dose of 0.2 grain reduced the temperature 4.3° C. In two cases of erysipelas the temperature was also much reduced by bi-hourly doses of 0.5 and 0.2 grains. Somewhat similar doses produced similar effects in the pyrexia of phthisical patients. The drug was also administered hourly or bi-hourly in 0.2 grain doses in a severe case of typhoid with bloody stools. During the first days of administration, the temperature was reduced on the average scarcely 1° C., but some days it fell to 38° C. (100.2° F.), and remained at this point several hours. Later the daily average diminution of temperature reached 2° C. If the kairine was temporarily omitted, the temperature immediately rose. Doses of 0.3 grain gave rise to rigors, collapse, and feebleness of cardiac action. Prof. Drasche considers that kairine is superior to all other drugs as a promptly-acting anti-pyretic, and believes that it has a great future before it.

Infectious Pneumonia.—Attention is drawn in a report presented by Mr. Harold Palmer to the Newtown and Llanllwchaiarn urban sanitary district, to a prevalence of pneumonia, which strongly resembles simlar outbreaks which have been regarded as of an infectious character. (The Lancet.) A strong and healthy male adult was, in

June last year, suddenly siezed with a severe form of pneumonia, which rapidly assumed a so-called typhoid character. The general symptoms raised a suspicion that the disease was of a septic nature, and due to faulty sanitary conditions; a view which was confirmed as the result of an inspection of the house. Having regard to these facts, prompt measures were taken to do away with the unwholesome drain conditions which had been found, but the medical practitioner in attendance, as also two other persons were seized with the same disease, and two of the cases, including that of the medical man, proved fatal within a few days. In all the four cases the pneumonia was double, and the patients were male adults. This is by no means the first instance in which a similar result has followed on a first case of this disease. Indeed, a single visit to a house where this form of pneumonia has prevailed has been attended by the occurrence of urgent lung inflammation within a few days, death speedily resulting. It is always possible that the disease may, as regards causation, be similar to enteric fever, and that the pneumonic condition, which as a rule supervenes at a later stage, may, when it takes precedence of the bowel and other lesions, assume a specially virulent character, masking the more ordinary symptoms, and having, as a rule, a rapidly fatal termination. Further experience, however, as to the disease is needed before any decided opinion can be expressed on this point.

Periodic Recurrent Paralysis of Ocular Muscles.—A remarkable case of paralysis of the ocular muscles, coming and going every month simultaneously with the appearance and disappearance of the catamenia, has been recorded by von Hasner (*Centralblatt für Klin. Med.*) It occurred in a girl aged seventeen years, of good physique, who had suffered since her thirteenth year from ptosis of the left upper eyelid, which sat in every month, lasted three days, and was accompanied at its commencement by headache and vomiting. Menstruation began at the age of fifteen years, when it was observed that this coincided with the monthly ptosis of the left eye. The author had the opportunity of seeing the patient at the onset of one of her periods, and then made out total palsy of the muscles of the left eye; the second day of the menstrual period witnessed a regression of the paralysis of the left eyelid, of the headache, and vomiting. With the cessation of the menses on the third day a gradual restoration of the movements of the eye took place, the pupil remaining dilated a little while longer.

On the Impropriety of the Inversion of Patients in Apparent Death from Chloroform, Drowning, etc.—Henry R. Silvester, M.D., writes, in the Lancet:

The Lancet of March 10th contains an interesting article by Dr. Eben. Watson, of the Glasgow Royal Infirmary, entitled "Remarks questioning the Propriety of the Inversion of Patients in the Chloroform Syncope," in which he submits on physiological grounds that this proceeding is injurious to the patient, in the first place, because it has a tendency to increase the engorgement of the right side of the heart and large vessels, a condition which is known to exist as one of the most striking effects of the employment of anesthetic agents; secondly, that this practice is useless as a means of forcing on the general circulation, for, as every one knows, the blood must pass through the right side of the heart and through the lungs before it can be sent to the body generally; but, since the heart is powerless to act on account of the difficulty which exists in the lungs, the further congestion occasioned by the inverted position of the body merely aggravates the existing evil; and, thirdly, that the venous blood in the neck and arms which gets to the brain, in consequence of the depression of the head, only deepens the coma which already exists. Now there is no doubt that the treatment of drowned persons by inverting the body is very ancient. The attempt to restore from drowning by inverting the body is depicted on the Egyptian monuments. The exploits of Rameses the Great in Assyria are represented in the sculptures on the tomb of Osymandyos; some of the defeated enemy are carrying the corpse of their chief, who was drowned in the river Euphrates, and are in vain endeavoring to restore life by holding the head downward to expel the water which was believed to have entered the body. It is probable that this kind of treatment continued down to comparatively modern times; for, in the year 1774, the Royal Humane Society ordered that the body should not be carried on any one's shoulders with the head hanging downward, nor rolled upon the ground, nor over a barrel, nor lifted by the heels, and it is added that "these methods are injurious, and often destroy the small remains

of life." Seeing, then, how injurious and apparently useless this method of treatment appears on physiological grounds, may it not have been revived with another object in view—namely, that by this means the heavy vapor of chloroform might be thus poured out from the lungs by gravitation! It is, however, very doubtful whether the vapor of chloroform, still less that of ether, at the temperature of the body, can be ejected from the lungs in this way, for some time since I performed a series of experiments in order to ascertain whether it would be possible to remove water (which is much heavier than the vapor of chloroform) from the lungs of drowned persons (supposing for the sake of argument that it had gained admission there) by placing the body in any of the positions which have been recommended for the attainment of this object. I injected small and large quantities of water into the lungs through the windpipe by a forcing syringe, and then endeavored to remove it by placing the body in various positions, such as reclining on the face, rolled from supine to prone, held up by the feet, etc., but without success, although there was less difficulty with regard to fluids in the stomach; but this is not of much consequence, as the water swallowed is usually vomited on the return of consciousness.

In the treatment of the apparently dead the following positions of the body have had their advocates—namely, resting horizontally on the face, on the side, on the back, alternately prone and supine, inverted, sitting up, bent forward and bent backward. Dr. E. Watson recommends the "supine and horizontal;" but experience appears to teach that the most suitable position is that of lying on the back, the body inclining a little from the feet upward, the shoulders and head slightly raised and supported on a firm cushion. This position is favorable for the relief of congestion of the heart and head, and both sides of the chest are free to expand, and this affords the best chance of restoration from apparent death.

Nitrite of Amyl in Uremic Asthma.—Dr. Thomas Sanctuary writes, in the British Medical Journal, as follows:

With reference to Dr. Sheen's note on this treatment, published in the Journal for April 28th, I may say that, in August last, I attended a patient (for Dr. Adam, of Boston,) who had been suffering for a long time from gout, chronic Bright's disease, and albuminuria, with occasional attacks of asthma and pulmonary edema. On one occasion, when suffering from a severe fit of asthma, I made him inhale nitrite of amyl, from which he obtained great relief for several days. A week subsequently to the first administration of the amyl, he was sitting in his room alone, and was suddenly seized with a violent attack of asthma, and, before he could reach the nitrite, he became unconscious, and expired in a few minutes.

I may add that he informed me that nothing had given him so much relief as the nitrite; and possibly, had he been able to reach it in time, during the last attack, his life might have been prolonged.

Carcino-sarcoma of the Uterus in a Child.—Prof. Rosenstein has recorded an example of alleged mixed sarcoma and carcinoma of the uterus in a child two years old. (Lancet.) The child was taken to the doctor chiefly because it had not passed water for three days. On examination a tumor of the belly was detected, which was partly due to a distended bladder. After seven hundred cubic centimeters of urine had been drawn off a tumor was still felt which reached about three fingers' breadth above the pubic symphysis. The child died on the fourteenth day. At the post-mortem the uterus was found closely adherent to the bladder, an irregularly rounded tumor was seen projecting above the apex of the bladder, and apparently springing from the right lateral wall of the uterus, which was tilted toward the left; this nodule extended for about an inch beyond the limits of the fundus. Another nodule the size of a walnut was seen to project from the left of the fundus.

ARMY MEDICAL INTELLIGENCE.

Official List of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from June 9, 1883, to June 16, 1883.

Tilton, Henry R., Major and Surgeon, granted leave of absence for four months. (Par. 7, S. O. 136, A. G. O., June 14, 1883.) *Appel, Aaron H.*, First Lieutenant and Assistant Surgeon, relieved from duty in the Department of Dakota, and assigned to duty in the Department of the East. (Par. 3, S. O. 130, A. G. O., June 7, 1883.) *Powell, Junius L.*, First Lieutenant and Assistant Surgeon, relieved from duty in the Department of Texas, and assigned to duty in the Department of the East. (Par. 3, S. O. 130, A. G. O., June 7, 1883.) *Richard, Charles*, First Lieutenant and Assistant Surgeon, relieved from duty in the Department of Dakota, and assigned to duty in the Department of the East. (Par. 3, S. O. 130, A. G. O., June 7, 1883.)

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, JUNE 30, 1883.

Original.

ANTISEPTIC TREATMENT OF PUERPERAL SEPTICEMIA.

ILLUSTRATED BY TWO CASES.

BY DOUGLAS MORTON, A.M., M.D.,
Visiting Surgeon to the Woman's Department of the Louisville City Hospital.

On the second day of January, I attended Mrs. L. at her third confinement. Though somewhat tedious, the labor terminated in all respects satisfactorily. According to my practice in all cases, I ordered free vaginal irrigation with warm water twice a day during the day; and on the next day a warm solution of chloral hydrate, a dram to the pint, at the same intervals. On the second night my patient had a chill, which was followed by a rise of temperature to 105°. Quinine was now ordered in five-grain doses every four hours. This, as well as the vaginal irrigation, was kept up for several days without a change of temperature beyond a remission of a degree in the morning. In the meantime the lochia had become scant and of offensive odor. Circumscribed peritonitis in the left iliac region manifested by severe pain, and the development of an indurated mass had also occurred. I now began to inject into the uterine cavity through a double canula, twice a day, a solution of chloral about three times as strong as that already in use. These injections were always quickly followed by decrease of temperature and a general improvement in my patient's condition.

In order to make a still more thorough germicide application, I had made an intra-uterine speculum—a metallic tube two and a half inches long, with a lumen of one third of an inch, attached to a handle of proper length. Through this, introduced through a Cusco's speculum, I swabbed out the cavity with compound tincture of iodine.

This I found to be a most satisfactory method of making antiseptic application. It not only possesses the merit of perfect thoroughness, but does not expose the patient to dangers which attend intra-uterine injections. The use of the intra-uterine speculum is an important part of the process, as through it a mop saturated with iodine can be carried to the cavity of the womb without being first coated over with the lochial discharge in the cervix, as would be the case if it were not employed. By its help, moreover, the cavity may be thoroughly irrigated without danger through an ordinary gum catheter, or indeed any small tube. This intra-uterine speculum may be improvised by any tinner. In order to keep the patient under the protection of a germicide agent as much of the time as possible, and at the same time to save her the annoyance of as frequent applications as might otherwise be necessary, after cleansing the womb by irrigation or by swabbing, I passed up from five to ten grains of iodoform in capsules. This agent was selected, not simply on account of its decided antiseptic properties, but because it is a dry powder, and its particles, in remaining attached for awhile to the irregular surface of the endometrium, would expend their germicide power for a greater length of time. Twice, during the time this patient was under my charge, the intra-uterine applications were left off, because she seemed well enough not to need them; but on each occasion an elevation of temperature followed, and they were resumed.

CASE II. Mrs. M., three months advanced in her second pregnancy, had just returned from a fatiguing trip to New Orleans about the middle of April. I found her with high fever and suffering severe abdominal pain,

which came on in paroxysms. I suggested the possibility of threatened miscarriage, but she was sure it was only colic, and I gave her an anodyne without making a local examination. She told me she had not been well during her visit to New Orleans, and had fainted on one occasion—further than this I could gather nothing of the prior history of her case. It will be sufficient for my purpose to say that the fever continued for several days to increase in intensity until, the fourth day after my first visit, the temperature reached 104.5° in the morning, and 105.5° in the evening, at which time her pulse beat 145 to the minute and was very weak. From twenty to thirty grains of quinine a day made no impression upon the temperature. The abdominal pain recurred from time to time, but was always easily controlled by morphine. My diagnosis in this case for a time oscillated between typhoid fever and acute tuberculosis. A miscarriage at length occurred, in which a fetus some time dead was removed. The fever at once fell to 101.5° in the morning to 102.5° in the evening, but soon, in spite of thorough vaginal irrigation with a chloral solution, the lochia became fetid, and the evening temperature arose to 104.5°. At this time I exposed the os uteri to view by means of a Sims speculum, and made a very thorough application of compound tincture of iodine with a mop of absorbent cotton. Next morning the temperature had fallen to 100.5°. At this time I washed the uterine cavity, by means of a double canula, with a solution of mercuric bichloride, of the strength of one to fifteen hundred.* On the evening of the same day the temperature arose one degree above that of the morning. The subsequent behavior of this case bore out the value of thorough antiseptic treatment. Dr. Preston Scott saw this patient with me, and rendered important assistance.

An important practical lesson may be learned from Case 1. The first manifestation of septic infection appeared in about thirty hours after the termination of labor—a much shorter time than is usual—though it is well known that the process of putrefaction may, under favorable conditions, be fairly established in still less time. The introduction of septic germs undoubtedly occurs in all cases in which the infective focus lies in the genital tract at the time of parturition. In every labor that occurs, therefore, under conditions in any way favoring the development of puerperal fever, whether during prevalence of this disease or any other in any way related to it, or from possible infection by the hands of the accoucheur, it is of the utmost importance that the vagina at least, at the completion of labor, be thoroughly irrigated with a disinfectant wash; for, in the first place, should introduction of septicemic germs have occurred, delay would give them time for indefinite multiplication and invasion of the whole system; and, secondly, the process of irrigation rarely gives rise to the least discomfort and is absolutely without danger. Since, moreover, in the majority of cases, infection occurs through cervical, vaginal, and perineal wounds, application of antiseptics to the endometrium will not often be necessary. Why wait then for a stench to announce to us that the lochia have become putrid and poisonous, or a chill, that the microscopic enemy occupies a vantage ground and holds it in force? We are sometimes, even now, met by the old objection that "meddlesome midwifery is bad," that parturition is purely a physiological process and that art should rarely be allowed to interfere. The objector should be reminded that many of the ills suffered by the human race are chargeable to conditions that belong to advanced civilization, and it is perfectly just to look for remedies for them in the resources of art.*

In the two cases reported in this paper the particular applications that were made were not only unattended by pain, but both directly and indirectly tended to protect the patient against septic disease. They destroyed and wasted away all germs they came in contact with in the genital canal, and further constringed the uterine tissues and promoted firm uterine contraction, thus at the same time preventing undue hemor-

*I would suggest a considerably weaker solution to be used by the nurse for vaginal irrigation. It is a good plan to prescribe a dram of the bichloride to eight ounces of water, with a sufficient quantity of chloride of ammonium or of alcohol to effect solution. In this, a dram will contain about a grain of the salt, and this amount put into six ounces of water will represent approximately a strength of one to three thousand, which will be both safe and efficient.

*This doctrine of non-interference with physiological processes is so often urged as a plea for complacent inaction where a patient's health, perhaps life, is at stake, that I think a fuller answer ought to be given. We do not leave nature alone in a case of club-foot, or of squint, or of teeth out of line. The horticulturist does not leave her alone when from a crab-apple a pippin is developed. She is not left alone when from the coarse, rough, wild dog a setter or St. Bernard is produced. Indeed, throughout the whole realm of nature with which man has immediately to do, the highest forms of beauty and of usefulness are attainable only by and of the appliances of art. Is the fact then that childbirth is a physiological process a reason why art should not be laid under contribution to the fullest extent possible for the alleviation of its pangs and the lessening of its perils?

rhage from within and absorption from without.

I have been prompted to go into these details concerning the various germicide agents I found useful, and the methods of their application, by the strong conviction I feel that, by these very means, puerperal fever in all its manifestations may be prevented to such an extent, and so controlled in the exceptional cases in which it may occur, as no longer to be the dread of the child-bearing woman and the accoucher. There is no field in which the triumphs of antiseptic treatment have been more brilliant. Its opponents may assert here, as they have done with regard to its application in surgery, that equally as good results are being brought about by strict cleanliness—that, indeed, it is the cleanliness inseparable from the antiseptic method that accomplishes the good, and not the antiseptic agent.

We have often been referred of late to Keith's splendid record in ovariotomy since his discontinuance of Listerism, but it should not be forgotten that under Listerism his record had also been splendid. He had eighty consecutive recoveries, and, out of one hundred and five operations done immediately before his abandonment of the system, he reported only one death from septicemia. Four of the remaining six deaths were caused by carbolic-acid poisoning, and the danger of this event was the real cause of his rejection of the antiseptic method. This point I desire to make emphatic, for I am sure that the famous surgeon's address before the International Medical Congress at London has given occasion to far too hasty generalization.

Keith seems early to have recognized what is now a well-established truth, that the bacteria of septicemia depend for subsistence on the presence of detached putrescible matter; he therefore uses the utmost care in cleansing the wound and securing effectual drainage. In this he is like the general who makes war upon the enemy by destroying his food-supply, rather than like him who fights with shot and shell. Though there can be no doubt that he who uses both methods of warfare will in the long run be most successful. There are certain conditions physical and physiological connected with the wound in the uterus caused by placental separation, which not only greatly favor absorption of foreign matter but render the degree of cleansing necessary in presence of real danger from septic infection, if mere washing with water is relied on, very difficult if not impossible. A solution, on the other hand, of a germicide agent sufficiently strong to be effectual by mere momentary contact can be safely applied to the endometrium. In my hands the application of compound tincture of iodine on a mop of cotton, without any previous cleansing of the uterine cavity, seemed to have produced the best effect of the several agents I employed.

For both my cases I prescribed the officinal compound tincture of iodine in fifteen-drop doses three times a day. In Case I the stomach did not tolerate it; but in Case II it was borne so well that I ventured to order it every three hours during the day and two or three times in the night. This quantity, nearly two drams a day, was also borne well. My purpose in giving iodine was to put into the circulation a *systemic* germicide. To discover specific remedies has been the hope of medicine since its very origin, and though lately in the great advancement of what is called physiological medicine this hope has been lightly set aside as vain and baseless, there seems to be now a good prospect of its reinstatement in the domain of the rational. It is certainly a most wise practice to treat a patient physiologically, to aim as far as possible to tide him over disease by repairing its ravages and fortifying his power of resistance in the employment of purely physiological means, but it is in no wise incompatible with this rationale to attack the disease-producing agent, the *materies morbi* itself, provided in doing this injury is done to neither structure nor function. Whatever theories may be entertained as to the nature of the poison which produces the diseases known as zymotic, though I do not know that zymosis is conceivable without the presence of micro-organisms, it can not be denied that bacteria have essentially to do with the phenomena of septicemia, and it is sufficient for my purpose to limit the application of the argument to this one disease. The question then is, can we destroy these organisms in the blood as we can on the surface of a wound, or retard or in any way modify their development? There are *prima facie* grounds for an affirmative answer to this question. In lead-poisoning, for instance, we have in iodide of potassium a means by which the poison may be sought out and washed from the innermost recesses of the tissues. This is sufficient alone to prove that we may bring an antidote in direct contact with a poison afloat in the

blood or stowed away in the tissues. Furthermore, we apply germicide agents in parasitic skin diseases and readily destroy the life of the organism without injury to the skin, and with even greater facility we poison intestinal parasites without disturbing the health of the patient. These illustrations certainly afford ground for the belief that we *may* exert some sort of action upon bacteria afloat in the blood without materially affecting the patient.

From the valuable tables arranged by Dr. Steinberg, in his paper published in the April number of the American Journal of Medical Sciences, we learn that solutions of germicide agents of far less strength than the minimum required to destroy the life of germs may effectually prevent their development. Thus, a solution of mercuric bichloride of one to twenty thousand in a given time will destroy germ-life, while one in forty thousand will prevent development. Dr. Steinberg then made a calculation, showing that in order for this agent to prove efficient as an arrester of development of disease germs in the human body, a man of average weight must have in his organism at one time three and a half grains—an amount that would certainly bring disaster upon his blood, his tissues, and his functions. But this appears to me far from proving that these agents may not be successfully administered in germ diseases. It is clearly reasonable to suppose that the intensity of a germ disease bears a close relation to the vital activity of the germ, and reasonable also that agencies may be brought to bear, the intensity of whose effect is sufficent to materially impair this vitality and yet fall short of arresting germ development. We have abundant evidence, drawn from biology, that races of organisms may live, develop, and reproduce, even through numbers of generations, under conditions just sufficiently unfavorable to their vitality to bring about their very gradual deterioration, and finally, in many cases, through a slow process, their extinction. Further, the degree of vital activity of a race of organisms is measured by the effect they produce upon their environment. I do not know that this point can be better illustrated than by citing the case of a people living under conditions strongly adverse to health and to energy. They live, develop, and reproduce as individuals, but their whole stock of vital force is expended in these manifestations of life. They may not only fail to increase in numbers as a race, but may diminish; and *the impression they make upon material nature around them is exceedingly small.* It appears reasonable to suppose that what external nature is to any race of human beings the human organism is to any race of micro-organisms with which it has been colonized; and just as the vital force and activity of the former are measured by the changes they work in the face of nature, so the vital force and activity of the latter are measured by the ravages they work in the human organism which are expressed in the term disease. In one case vital activity is impaired by natural conditions. Is it not rational to try by therapeutic means to bring about artificial conditions adverse to activity in the other to a degree far short of their destruction, or even the arrest of their development? In the case of man adverse influences may need to be exerted through a number of generations before the state assumed in the illustration will be brought about. But fortunately for the resources of therapeutics, the unit of measure for the generation of disease-producing micro-organism is an hour, and not a decade as with man.

Finally, a few words as to choice of germicide agents. Several years ago, at a time when carbolic acid was the only antiseptic in general use, I made the discovery, rather accidentally than otherwise, that chloral hydrate is an excellent deodorant. Judging from this it must be a good disinfectant also, I began the use of it in obstetric practice; and because it served my purpose well and was agreeable to my patients, I have continued to use it until recently. Since I have learned from Dr. Steinberg that it does not rank highly as a germicide I have chosen the corrosive sublimate as its substitute. Since I began to use this agent I learn that Tarnier had also begun using it in his obstetric practice.

It had been used in Germany long before as a substitute for carbolic acid in general surgery. It is a most powerful germicide, and no organism known, animal or vegetable, microscopic or macroscopic, can withstand its action. In all cases in which absorption is not likely to occur to a hurtful extent, it would seem to be the most valuable germicide agent in our possession. Since, in my experience with it as a uterine and vaginal wash, it constringed and hardened the tissues producing much the same feeling caused by astringents, and thus apparently rendered them less capable of absorption, I am dis-

posed to think it admirably adapted to this field of application. Iodine was selected for intra-uterine application, because its value as a germicide is very high and it is far less poisonous to man than the mercuric salt. A sufficient quantity to thoroughly disinfect the endometrium can be safely applied on a mop of cotton. This I consider an important point, as Braun, of Vienna, and others strongly condemn intra-uterine injections. Iodine can not be used, however, in solution of sufficient strength to serve as a reliable germicide on parts of the body where the distribution of sensory nerves is considerable. It would cause too much pain.

The ideal germicide is clearly that which acts with maximum power on the micro-organism and with minimum on man.

It is clear also that there belong to each germicide agent special fitnesses and special unfitnesses in the respective fields in which it is desirable to use these agents.

The value of the antiseptic system turns upon just this point, for that morbid states are caused by the presence of micro-organisms, and that the latter may be destroyed by certain chemicals, can not at this day be doubted. The legitimate inference to be drawn from the results of Keith's trial of carbolic acid in ovariotomy is not that the antiseptic system should be rejected *in toto*, but that in this particular field of surgery it is not the proper antiseptic to be employed.

LOUISVILLE, KY.

Miscellany.

TRIAL BY ORDEAL.—A writer in the British Medical Journal tells this: A member of an Oddfellows' lodge came one evening for advice at the usual hour of consultation. The symptoms were duly detailed, and the surgeon prescribed a mixture which contained two grains of tartrate of antimony in eight ounces of water. The patient on arriving home took a dose of his medicine, but was annoyed to find that it had so little taste, and that moreover it presented no solid material to be shaken up. On submitting the bottle to his wife, she also, on tasting, pronounced it to be "nowt but wetter." He then took counsel with some of his brethren, who were not very favorably disposed toward the doctor, and, yielding to their advice, entered a complaint to the lodge. In due time, the doctor received from the secretary a notice to attend and answer brother Jones's charge, to the effect that he had been supplied with water instead of medicine. In reply to this notice, the surgeon asked the secretary to intimate to the aggrieved brother that it would be necessary to have the medicine produced in court in order that he might have a fair chance of rebutting the charge. When the night arrived there was a goodly attendance of members, and the lodge having been formally opened, Jones was asked to stand forth and prefer his charge against the doctor, which he did, alleging that the bottle produced was given to him for medicine, and contained nothing but water. After he had finished his statement, the surgeon proclaimed to the meeting that if Jones was sincere in his belief that there was nothing but water in the bottle, he could have no objection to drinking the contents at one draught. The chairman and the brethren thought this a reasonable proposition, and put it to Jones accordingly. Jones was evidently not quite prepared for this crucial test of his belief, but could see no way out of it. After a little hesitation he consented. The contents of the eight-ounce mixture were transferred to a tumbler, and he quaffed them off. The doctor then intimated to the chairman that he might proceed with any other business, until the medicine had time to take effect. After the lapse of about half an hour, Jones began to exhibit signs of internal disturbance, and a basin was brought in for his convenience. It soon became manifest to the brethren that there must have been something more than water in the mixture. The doctor submitted that he had effectually upset both Jones and his allegation, and quitted the lodge in triumph.

LEFT-HANDEDNESS AMONG THE ANCIENT HEBREWS.—A curious question has lately been raised, as to whether the ancient Hebrews were a left-handed people. Dr. Erlenmeyer has just given an interesting and learned lecture to prove that they were. (British Medical Journal.) Most of the Aryan peoples, as we know, write from the left to the right of a sheet of paper, and their books are so printed as to be read in this direction. Most of the Semitic people, on the contrary, write from the right to the left of the paper. Hitherto this very emphatic difference has been simply represented to be a mere characteristic of habit, kept up by the reverence for tradition, which is

deeply rooted in the Semitic mind. It has never occurred to any one, so far as we know, that the direction taken by the hand of a Semitic scribe in writing was due to a physiological cause—namely, to the fact that his left hand was his better hand, and was much more ready and "dexterous" than the hand which we Aryans call the dexter. Dr. Erlenmeyer insists that the writers of the Old Testament, and probably the early Talmudists after them, naturally wrote with their left hands, and would have found it difficult, if not impossible, to write with the other hand. Hence it was only natural that the manuscript should travel along a line which started from the right and ended on the left. Dr. Erlenmeyer says that this hypothesis is not a mere happy thought of his own, but that he has found striking confirmation of the theory in the Talmud. For instance, he cites a passage which insists that certain special prayers and inscriptions are always to be written with the right hand, and not with the left. The execution of this exceptional prescription was a work of time, patience, and difficulty, and it is implied that the process of writing with the right hand was a departure from the ordinary, easy, and natural way of writing. The learned doctor also cites passages from the Hebrew of the Old Testament, in which a particular stress seems to him to be laid upon the "left-handedness" of the old Hebrews.

Another Epidemic of Typhoid Fever from Infected Milk.—The rapidly accumulating record of typhoid epidemics, due to infected milk, has received another exemplification in the Mid-Warwickshire Sanitary district. Dr. George Wilson, the health-officer, in reporting the outbreak, states that the customers supplied by the dealer from whom the infected milk was obtained were, fortunately, not numerous; and it was fortunate also that the early cases were reported. It was found, on inquiry, that the infected households obtained milk from a dealer in a neighboring village, who purchased his milk from an adjoining farm. The dealer himself had contracted the disease, and subsequently died of it, but the case was not reported; and, at the date of Dr. Wilson's visit, the son was also suffering from it. There was no case of illness at the farm from which the milk was purchased, and the well-water was free from pollution; but, at the milk-dealer's house, the well-water was found to be highly polluted, and this water was used to wash the cans if not to dilute the milk. The pump-handle was removed, and the milk-supply was stopped. Altogether, there were twelve cases, one of which proved fatal; but the further spread of the disease was at once checked. This outbreak is instructive, as Dr. Wilson observes, in showing the necessity of strict supervision of diaries; and it also illustrates the insufficiency of the Public Health Water Act to insure and protect a wholesome supply of water in districts which are not provided with urban by-laws; for, in this instance, the house was a new one. The well-water was found and certified to be good before the house was occupied; but, as the rural sanitary authority had no control over the building or the drainage, a a cess-pool was constructed in close proximity to the well, a leakage from this led eventually to pollution of the well-water. This contaminated water was, no doubt, the cause of the milk-dealer's illness in the first instance; for the disease, being once originated on the premises, the well-water became specifically polluted with typhoid poison.—*British Medical Journal.*

Peculiarities of St. Kilda Natives.—In the course of his examination by the Royal Commissioners recently, the minister of St. Kilda, with whose figure readers of the Graphic have already been made familiar, stated that there was an odd peculiarity which is still incident to the people, viz., that of catching cold from strangers coming to the island. They always catch cold if there is cold in a vessel, or among the passengers who land. It begins with one and goes through the whole village. He himself had been attacked in this way. Ordinarily, the people are not subject to colds. There has not been a case of consumption on the island, and this immunity the reverend gentleman believes to be due to the use as food of fulmars and other birds, which are full of oil. Some of the people suffer badly from rheumatism. They have nothing in the way of skin disease.—*The Medical Press.*

[This may possibly be true. Certainly it is not new.]

The Commencement Exercises of the Hospital College of Medicine were held at the Opera House in this city on the 19th inst., and twelve gentlemen were graduated. Prof. D. G. Murrill delivered the address of the faculty.

YELLOW FEVER.—An Associated Press representative to-day (June 26, 1883) interviewed a party who possesses peculiarly favorable opportunities for obtaining the latest and most trustworthy information from Vera Cruz. It was learned that the estimated death-rate of fifteen per day at that port from yellow fever is probably the correct figure, or may be even higher than the one given. The fever, as was stated in previous dispatches, is of a pronounced fatal type, the percentage of deaths among the unfortunates stricken with disease being much greater than usual. My informant definitely stated that out of every seven who take the infection fully six die. The hasty denial on the part of the State quarantine officer here, and from the ship Haytian, recently from Vera Cruz, and now under quarantine in the outer roads of Galveston harbor, regarding the startling reports received, is exciting more or less comment, one individual going so far as to assert that it would not be surprising if three or four cases of the malignant pest developed on board the Haytian.

"THAT dog of yours flew at me this morning and bit me on the leg, and now I notify you that I intend to shoot it the first time I see it." "The dog is not mad." "Mad! I know he is not mad. What's he got to be mad about? It's me that's mad!"

[This venerable and excellent joke strikes us as good as new, not having encountered it for twelve or fifteen years. We copy it from the Sanitarian.]

HOW TO DRIVE FLIES OUT OF A ROOM.—Observations made by M. Rafford, a member of the Societé d'Horticulture at Limoges, show that a castor-oil plant having been placed in a room infested with flies, they disappeared as by enchantment. (British Medical Journal). Wishing to find the cause, he soon found under the castor-oil plant a number of dead flies, and a large number of bodies had remained clinging to the under surface of the leaves. It would, therefore, appear that the leaves of the castor-oil plant give out an essential oil or some toxic principle which possesses very strong insecticide qualities. In France castor-oil plants are very much used as ornamental plants in rooms, as they resist very well variations of atmosphere and temperature. As the castor-oil plant is very much grown and cultivated in all gardens, the Journal d'Agriculture points out that it would be worth while to try decorations of the leaves to destroy the green flies and other insects which in summer are so destructive to plants and fruit-trees. Anyhow M. Rafford's observations merit that trial should be made of the properties of the castor-oil plant both for the destruction of flies in dwellings and of other troublesome insects.

DUST, MIST, AND CLOUDS.—Mr. Aitken, in *Les Mondes*, draws the following conclusions from an extensive series of experiments: Whenever vapor condenses in the atmosphere, the condensation is always made on a solid nucleus, which is furnished by particles of dust. Without dust there would be neither mists nor clouds, and the super-saturated air would transform every object upon the earth's surface into a condenser upon which it would deposit its excess of water. Whenever the breath becomes visible in a cold atmosphere, it demonstrates the impure and dusty condition of the air. The foam of the sea, meteoric matter, and fires are fertile sources of the dust and impurity.

NATURE CONDIGNLY PUNISHES A FOOLISH DOCTOR.—Dr. Cory, of St. Thomas's Hospital, says the Medical Press, who entertains the view that inoculation from a true Hunterian chancre is not possible, submitted himself to experiment with a view to testing the theory. After four times failing of success, he at length succeeded, a hard chancre on the arm being the result. Notwithstanding that the sore had been cut out, secondary and tertiary symptoms have followed in due course, and now we regret to say Dr. Cory is wholly incapitated from regular work.

THE SOCIAL SCIENCE CONGRESS.—The subjects selected for discussion in the Health Section at the forthcoming annual meeting of the English Social Science Congress, in October, are: (1) Is the modern system of education exerting any deleterious influence upon the health of the country? (2) Is it desirable to take any, and what further measures to prevent the spread of zymotic diseases through the milk-supply of our towns? (3) Is it desirable to amend or extend the Habitual Drunkard's Act, and if so, in what direction?

IDIOPATHIC emeto-catharsis is the latest for cholera morbus.

PRE-HISTORIC MAN.—The *Union Médicale* of June 2d announces a discovery of the highest scientific interest, and which, if it turns out to be real, will show that pre-historic man is no longer a myth, says the Medical Times and Gazette. On piercing a new gallery in a coal-mine at Bully-Grenay (Pas-de-Calais), a cavern was broken into containing six fossil human bodies intact—a man, two women, and three children—as well as the remains of arms and utensils in petrified wood and stone, and numerous fragments of mammals and fish. A second subterranean cave contained eleven bodies of large dimensions, several animals, and a great number of various objects, together with precious stones. The walls were decorated with designs of combats between men and animals of gigantic size. A third and still larger chamber appeared to be empty, but could not be entered in consequence of the carbonic acid it contained, which is being removed by ventilators. The fossil bodies have been brought up to the surface, and five of them will be exhibited at the *mairie* of Lens; the others are to be sent to Lille in order to undergo examination by the Faculté des Sciences. Representatives of the Académie des Sciences of Paris and of the British Museum, are expected to be present.

[This is probably the production of a French Ananias.]

PREMATURE GROWTH.—In the record of the French Academy of Science for 1729, there is a description of a lad seven years of age who was then nearly five feet high. His strength at four years was so great that he was able to throw the ordinary bundles of hay into the rack of the stables, and at six years old he lifted as much as a strong laborer of twenty could carry. A similar account has been given of a child born in Bouzanquet, who, when four years of age, was four feet three inches high, and when six, had attained five feet, and had a beard. His voice was strong and manly, and he had all the appearance of a full grown man. But while every body was expecting him to speedily shoot up into a giant, the signs of growth ceased, and those of age were rapidly developed; his voice grew weak, and before he had attained the years of manhood he was an imbecile, and feeble as a man in the extremity of old age. The old "Paris Memoirs" contain an account of a girl who was four feet six inches in height when four years old, with well-rounded limbs and bust, looking like a girl of eighteen.—*The Medical Press.*

[Some years since we were called to see a child in this city who, at the age of five and a half months, weighed fifty-six pounds. The mother was a small delicate woman, and her previous children were not unusually large. The child's enormous assimilative talent seemed the only explanation of his magnificence, since his brothers and sisters, fed from the same breast, attained no unusual magnitude. Two years since the writer visited another Kentucky boy, who lacked three months of being three years old, whose weight was one hundred and ten pounds. These children were examples of adipose polysarca. They were perambulating fatty tumors.]

MIDZU AMI.—This substance, an extract of rice, long a table delicacy with the wealthier Japanese, is now claimed to be a constructive superior in some respects to maltine, malt, and the like. Dr. J. C. Berry, of Japan, writes as follows to Dr. Weir Mitchell: I use the midzu ami in my practice in all cases where food-medicines are required, and frequently prescribe it with dialyzed iron, or with cod-liver oil, after being properly diluted. It has always been regarded by the Japanese as an article of diet, and not until recently has it been used as a medicine; and even now this is confined to the foreign physicians in Japan, or to the young Japanese physicians educated by foreigners. I use it on my table as an article of diet, instead of syrup or honey, especially with one of our children who has a weak stomach; and with it even I can eat hot buckwheats in the morning! I imagine that its one single advantage over 'malt' or 'maltine' is its more easy digestibility.

[It is to be hoped that midzu ami will prove to be something marvelous; but until this is proved, we shall prescribe Reed & Carnrick's maltine for our patients. Of its constructive and curative power there can be no reasonable doubt.]

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from June 16, 1883, to June 23, 1883.

Gorgas, W. C., 1st Lieutenant and Assistant Surgeon: the leave of absence granted in par. 5, S. O. 51, C. S., Department of Texas, extended one month. (S. O. 63, Mil. Div. of the Missouri, June 19, 1883.) *Wyeth, M. C.*, 1st Lieutenant and Assistant Surgeon: assigned to duty at Fort Maginnis, M. T. (Par. 2, S. O., 103, Deptartment of Dakota, June 14.)

The Louisville Medical News.

Vol. XV. SATURDAY, JUNE 30, 1883. No. 26.

LUNSFORD P. YANDELL, M.D., - - }
L. S. McMURTRY, A.M., M.D., - - - } Editors.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITORS OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

Subscriptions and advertisements received, specimen copies and bound volumes for sale by the undersigned, to whom remittances may be sent by postal money order, bank check, or registered letter. Address

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OBSTINATE VOMITING IN PREGNANCY.

There are few conditions in which more difficulty and responsibility are incurred than in the treatment of the obstinate vomiting of pregnancy. As yet no satisfactory explanation of the etiology of this serious complication has been given. Numerous theories have been advanced and various methods of treatment have been advocated, yet much obscurity surrounds the subject. Dr. Graily Hewitt attributes it to flexions of the uterus; Dr. Robert Barnes teaches that it is due to the extreme tension produced by the growing ovum, and Dr. Henry Bennett considers it due to an inflammatory condition of the cervix. Our distinguished countryman, Dr. Marion Sims, announced a few years since that it was caused by an hyperesthetic condition of the cervix, and claimed that it could be successfully treated by the local application of a crayon of nitrate of silver. Others have attributed it to a congested state of the ganglia immediately beside the uterus and of the hypogastric ganglia.

None of these several theories have been maintained by clinical tests, and after all each case presents to the practitioner a problem both difficult and responsible. Often the hypothesis of an idiosyncrasy seems most probable, but this theory finds an obstacle in the fact that obstinate vomiting is not always present in all the pregnancies of the same individual. After all it is most probable that this condition is sympathetic in its nature, and obtains in this exaggerated form in consequence of some local cause. Doubtless, the timely removal of some local exciting cause will often reduce the severity of the vomiting to a degree which is within the limits of physiological action. In many instances all the attention bestowed upon general and exciting causes fails to elicit satisfactory results, and then the induction of labor is the only resource left. The object of these remarks is to suggest that the local exciting causes of this condition have not as yet been sufficiently studied, and clinical investigation in that direction is eminently desirable.

DR. THEOPHILUS PARVIN.

This accomplished physician has been elected by the Board of Trustees of the Jefferson Medical College, of Philadelphia, to the chair of Obstetrics and Diseases of Women recently made vacant by the resignation of Dr. Ellerslie Wallace. Prof. Parvin has long enjoyed well-merited distinction in the profession in connection with this special branch of medical science, and has had extensive experience as a teacher. For two years he has been the professor of Obstetrics and Diseases of Women in the Medical Department of the University of Louisville, and has enjoyed great popularity as a graceful and erudite lecturer. His contributions to American medical literature, as one of the editors of the American Practitioner, have long since gained for him an enviable reputation for thorough scientific knowledge and a high order of scholarship. His work on the Science and Art of Obstetrics, now in press, will doubtless add to his reputation in this respect. Several years since he was elected to the presidency of the American Medical Association, and last autumn the Obstetrical Society of Edinburgh elected him to honorary membership. Prof.

Parvin's colleagues in Louisville and his many friends in this region will regret his departure, but will unite in wishing for him the greatest success in his new field of labor.

ANTISEPTICS AFTER ABORTION.

Some weeks since we published some instructive clinical observations by Dr. T. Gaillard Thomas upon the value of intra-uterine injections in the prevention and treatment of puerperal septicemia. An interesting and valuable contribution to this method of treatment will be found in the "Original" department of this number of the NEWS. Upon the same principle Dr. W. Gill Wylie, of New York, advocates the same treatment in cases of abortion. After detailing a number of cases in which alarming symptoms were dissipated by the application of the carbolized douche, he announces the following conclusions:

I have come to the conclusion that it is best to consider a uterus after an abortion precisely as surgeons to-day regard a punctured wound, and just as likely to be poisoned and equally dangerous when neglected or badly treated. (1) That septic matter must be excluded with great care, and that antiseptics are of great service in preventing infection. (2) That perfect drainage is just as essential as in a severe contused and punctured wound; that not only versions, and especially flexions, may cause retention of the lochia, but that contraction and swelling of the os internum very frequently is an active cause in preventing a constant and free drainage. (3) That when septicemia has begun within a reasonable time, say within ten or twelve hours after the first chill or high temperature, almost all cases may be cured by perfecting the drainage, and by washing out the cavity either of the vagina or of the uterus, as the case may be, by frequent douches of a solution of carbolic acid of a strength of from one to forty to one to twenty, the latter being rarely needed. (4) That general medication, except so far as it keeps up the strength of the patient, has little or no direct effect, and that the washing out with carbolic solution not only removes or renders inert the organisms on the surface of the wound or cavity, but, in all probability, sufficient carbolic acid is absorbed locally into the surrounding tissues to weaken if not stop the active reproduction of the micro-organisms, or the generation of poison associated with them.

Correspondence.

Editors Louisville Medical News:

Permit me to relate the following happy results following ten amputations and one resection of the knee-joint in not quite two years, performed in one of the most malarious sections of the country. Of these amputations four were pathological, the remainder following injury on railroads or in sawmills. Of the latter, three were primary or immediate, and three secondary; of the pathological, two were at the knee-joint, after Cardeus's modification; one recovered in six weeks, and rode two miles on horseback; the other one died. (May I state here that I objected to it in the first place, but was forced to it by sudden appearance of gangrene.) One was amputation of fourth finger; patient died; had tertiary syphilis, and it was performed for gangrene. The last was amputation of the leg at the middle third for a gangrenous ulcer of the foot; patient improved immediately, and sat up in two weeks. The amputations for injury all resulted in recovery; there were two of finger—one lost three fingers; one of the fore-arm, and one of the arm below the joint—had lost it in the gin—and had to cover stump by borrowed flap; patient was well in six weeks.

A resection of the knee-joint for gun-shot wound, with splendid recovery, I shall state complete in my next report.

Now all these amputations were performed under unfavorable circumstances, several in the hot summer months, and in some instances ice could not be had. I used the cold-water dripping method and antiseptic dressing. All but one received poor attention from nurses—a class not known here. In nine I had complication of erysipelas—a very common trouble here. In most of them I only administered opiates, when necessary stimulants, and directed the best diet to be had, which consisted of bacon, corn bread, and coffee without milk. Some lived in log-houses without a floor and ceiling. One patient, a woman, whose leg I amputated in August, was removed to an open shed to give her all the air possible; I hung a perforated tin-can over the stump and let cold water drip on it day and night until healthy discharge set in. She recovered. Very respectfully,

E. VON QUAST, M.D.

MALDEN, MO., June 21, 1883.

Selections.

Successful Case of Removal of Large Spleen.—A successful case of removal of the spleen in leukemia, by Fernando Franzolini, of Turin, is recorded in the *Wiener Medicinischen Wochenschrift*, No. 20. The patient was a pale, delicate woman, twenty-two years of age, who worked in a match factory at Paderno. From childhood she had been sickly, and since the age of seventeen menstruation had been irregular, and at times she had suffered from hysterical symptoms. She had never lived in a malarial region, and had never suffered from intermittent fever. The white blood-cells were five times more numerous than normal. There was no albumen in the urine. An incision was made along the linea alba to the left of the umbilicus, twenty-two centimeters (eight inches and a half) in length. The coils of intestine and the large omentum which presented were protected by warm-water compresses, and the spleen, with the help of the assistants, was pushed out of the wound. On account of the shortness of the pedicle in the floor of the peritoneal cavity, it was found necessary to place a double silk ligature on the splenic artery, which was the size of the forefinger, and on the vein, which was the size of the thumb. The gastro-splenic ligament, included in two ligatures, and the diaphragmatic, in one ligature, were divided. The patient lost scarcely a spoonful of blood. The operation lasted eighty minutes. The spleen measured, in length, ten and one fourth inches; in breadth, six and one half inches; in thickness, two and three fourth inches; and weighed, after removal of nine ounces of blood, fifty-two ounces. The wound healed, and the patient is perfectly well with the exception of severe uterine pain at the menstrual period. The white cells diminished gradually, and in January, 1882, four months after the operation, showed almost a normal condition.

"Can a Woman have Milk in her Breasts without having a Child?"—(Dr. Monin, *Le Médecin Practicien*, No. 21.) The mammary secretion is a phenomenon of the reflex order. In normal conditions the presence of the fetus in the womb and the suction of the child upon the nipple are the physiological excitants of this function. Yet aside from the puerperal state, excitations very diverse in their nature may bring about this result. The presence of milk in the breasts does not therefore indicate absolutely an existing pregnancy, nor is it proof positive of an anterior pregnancy. That this point may have some medico-legal importance is evident.

The lacteal secretion may show itself at any period of life. It is sometimes found in infants, which fact was known as far back as the time of Morgagni, who makes mention of it in his "Adversaria Anatomica." When the secretion appears in infants, it is usually about the second or third day, and may continue a month (Depaul). The chemical constitution of this milk is different from the ordinary human milk, and it is so irritating that it is apt to give rise to suppurative inflammation of the gland, especially when the vicious practice pursued by some midwives is indulged in, *i. e.*, pressing the breasts in order to extract the milk.

At puberty the mammary gland in both sexes becomes the seat of a kind of physiological orgasm which may bring about a lactiform secretion. There are few precise observations of this condition, although the records of medicine contain many cases.

In adult females the menstrual function stands in peculiar relationship with the mammary apparatus, as was known to Hippocrates and Avicenna. The physicians of the last century also knew this connection, since Véga is said to have quoted the Hippocratic aphorism in defense of a young girl accused, by reason of the appearance of a flow of milk from her breasts, of having lost her virginity.

Tumors of the breast may give rise to the lacteal secretion. The writer has seen this in a carcinomatous breast removed by M. Terrier. It is probable that the explanation of this phenomenon lies in the extreme activity of the glandular epithelium produced by the neo-plastic proliferation. Tumors of the uterus and its appendages (myomata, cysts, etc.) may by sympathy arouse the mammary secretion.

Excitation of the nipple is a powerful influence in provoking the secretion of milk, and there are numerous cases on record where a perfectly chaste girl, by applying an infant to the breast, has aroused the action of the gland to such an extent as to give full nourishment to the child. (Baudelocque, Richer, Chaussiear, Bouchut, etc.)

M. Luc, in 1879, related a very curious case of galactorrhea, occurring in the service of Auguste Ollivier. It was that of a woman who had never been pregnant, but who had lived for a year with a lover whose

principal delight was to excite her breast with his tongue.

The imagination and certain emotions act strongly upon the mammary secretion. Diemerbrock cites a case where an old woman, filled with the desire to rescue from starvation an infant whose mother had died, applied it to her breast and after several trials milk came in sufficient quantity.

The Dictionary in sixty Volumes contains the account of a young woman whose breasts overflowed with milk at the moment she abandoned herself to the tender advances of a fond husband.

In "spurious pregnancy" the lacteal secretion is sometimes present. A curious instance of this sort is related by Dr. Ribemont.

After the menopause the mammary gland becomes atrophied and passes into the state in which it was before puberty. Still the organ may sometimes be aroused to action by such causes as have been mentioned.

In the adult male, irritation of the nipple may bring about a secretion of milk sufficient to nourish an infant. Humboldt describes the case of a certain Lozano, who, in order to quiet his infant, took it into bed with him and put it to his breast. The irritation of the nipple by the suckling of the child caused a secretion of milk which was thick and very sweet. For five months the father nursed the child several times a day, and in this time the infant had no other nourishment. Similar cases are recorded by James, Villeneuve, Horteloup, and recently by Ed. Labbé.

The mamma has been observed to become hypertrophied following atrophy of the testicle. (Lereboullet, Rendu, Gubler.) This condition of the breast has been witnessed in orchitis with atrophy. Cancer of the testicle and onanism may produce a like result.—*Cincinnati Lancet and Clinic.*

The Practice of the Bone-setter.—Dr. Bruce Clarke read a paper on this subject to the West London Medico-Chirurgical Society, June 4th, in which, after briefly alluding to the variety of cases that found their way to the bone-setter and derived benefit from his treatment, he alluded to the pathology of stiff joints, and showed from observations of severe cases which he had been able to examine after removal of the limb, that adhesions were usually found outside joints and tendon sheaths, and were due to contractions of the limb. Adhesions were rarely found inside the tendon sheaths or joints. When they were, the disease was far more serious, and rarely yielded to treatment. In cases of old stiff joints, the skin and probably the subcutaneous tissues became weakened and atrophied by disease, and were so rendered more liable to injury—in proof of which he cited several examples of tearing and laceration of the skin without the employment of undue violence. The usual history of the class of cases that came under the hands of the bone-setter was this: The patient met with an injury resulting with a dislocation or fracture, or perhaps only a severe bruise or sprain. He readily recovered up to a certain point, but when an inflammation had subsided there remained a stiffness accompanied by pain on movement. In other cases there were periodical attacks of synovitis. The treatment in all such cases was active movement, with or without chloroform, which was usually accompanied by a click or crack, ascribed by the bone-setter to the replacement of the bone, but which was due to the freeing of the connective-tissue bands. In slight cases one violent flexion might cure the trouble of months. In severe cases the treatment would be measured by months rather than minutes. The pathology of such cases was as well marked as that of iritis; when there was the advantage of seeing the adhesions not only form, but rupture and disappear. He expressed his obligation to Mr. Wharton Hood's lecture, which had induced him to study this subject. The difficulty with these cases was the selection of time for rupture. Signs of inflammation were their guide in that matter. Rest should be relegated to its proper position in surgery, and should not be kept up when it increased instead of abating the patient's troubles.

Mr. Keetley thought Mr. Clarke could hardly have chosen a more interesting subject. Undoubtedly, the bone-setter frequently earned great credit by the manipulations which broke down adhesion outside a joint, and at the same time removed the cause of inflammation; for in these cases there was no contraction of membrane. Where there was an osseous fibroid band, the case was of strumous origin—it was due to the presence of organisms. In such cases the joints became adherent, and there was great danger from the rough usage of the bone-setter. In the treatment of such joints he had put on ice for several days with great advantage, and had repeatedly put them straight. When once convalescent a joint

rarely again became strumous. There was much bewilderment with regard to the value of rest, which was only a negative factor. It was the natural tendency of a colony of germs to die as the joint became healthy.—*The Medical Press.*

Ocular Headache.—By Charles Higgens, F. R. C. S., in the British Medical Journal: Headache due to irregular or excessive action of the internal or external muscles of the eyeball is familiar enough to ophthalmic surgeons; but in spite of the frequency with which it has been alluded to by writers on ophthalmic subjects, the profession at large does not seem to recognize the connection between pain in the head and abnormality in the eyes.

Perhaps the most common form of "Ocular Headache" is that which occurs in connection with myopia of rather high degree, in which the farthest point of distinct vision is so near the eyes that very great strain of the internal recti muscles is required to keep the visual lines converged upon the point at which ordinary print or small objects can be clearly seen.

The case reported by Mr. Carter, I think, in the Lancet, about four years ago, and so often quoted since as to have become famous, is a remarkable instance of headache occurring in myopia, and dependent on overstrain of healthy internal recti muscles. Other cases dependent on the internal recti occur in emmetropia or slight hypermetropia, but in these the muscles are actually weakened, not overstrained by prolonged convergence to too near a point. In the Guy's Hospital Reports for 1865, I called attention to these cases in a short paper on "A Form of Muscular Asthenopia."

The remaining cases of "Ocular Headache" are accounted for by astigmatism—simple myopic of low degree having to answer for many cases—and rather high degrees of hypermetropia. In these the headache is due to irregular or excessive action of the internal muscles of the eyeball.

Dr. Brailey has called attention to the subject in a paper on "Astigmatism considered in relation to Headache and certain Morbid conditions of the eye." (Guy's Hospital Reports, 1878.) The following two cases are good instances of the disease under consideration.

Case I. J. K., aged twenty-seven, a solicitor, for two months he had had difficulty in reading, pain in the head, and general feeling of uneasiness. He had been treated for biliousness, and had taken remedies for headache, without relief. He had almost determined to give up business, believing he had some form of brain-disease. He was advised, before deciding, to consult an oculist. I saw him on June 11, 1880, and found vision and accommodation normal; convergence was good up to one foot, but imperfect nearer; diplopia occurred after exclusion of either eye. There was manifest hypermetropia=$\frac{1}{36}$. I ordered glasses convex 36, decentrated inward, to be used for reading and all near work. On July 7th all the unpleasant symptoms had disappeared. I heard of J. K. some months later. He was at his business, and had no difficulty in reading or writing for any length of time.

Case II. Mrs. M. J., aged thirty-nine, suffered from headache since childhood; she had used glasses for distance for years. She had always noticed that her headache was worse after reading or working. The glasses she was using were —14 spherical. I found under atropine myopia $\frac{1}{24}$, with myopic astigmatism $\frac{1}{18}$ in both eyes. Glasses —18 cylindrical for reading and working, —18 cylindrical —24 spherical for seeing at a distance, were ordered. Two months later the headache had greatly diminished, and reading or near work caused no discomfort.

The Collective Investigation Movement.—The Collective Investigation Committee of the British Medical Association has now been nearly a year at work, and it is intending very soon to publish in its Record, an advertisement of which accompanies this number, the first results of its work. It has attempted what was before thought impossible. It has tried to give the great body of general practitioners all through the country a share in the scientific investigation of disease. A life passed in the continuous toil of general practice has been till now considered, with few, though very notable exceptions, a life useless for discovery. Two things were wanting, without which science can never advance, time and numbers. How can a man who starts on his rounds at ten in the morning, and works uninterruptedly until ten at night, find, in the ceaseless round of practice, the leisurely reflection on which alone theory can be founded? Or how can the most careful and thoughtful among us do much with a disease of which he, perhaps, sees but half a dozen cases in the twelvemonth. The committee have set themselves to conquer these obsta-

cles. Believing most firmly in the value—the untold value—of private observation, and knowing how many are anxious to note what they have seen and daily see, they have sought by affording new facilities to help the one, and by combination to strengthen the other. In five minutes a case of the greatest weight can be recorded, which would before have been wasted for lack of time. In a month more material can be collected than goes to form many a valuable book. What general practitioners feel on the matter can, we are glad to say, he gauged by the hearty response which has been given to the challenge. We venture to think that a mass of evidence has been collected such as has seldom, if ever, been before put together. It has been shown, once for all, that the plan will work. Of its future we form the strongest hopes. It is far to early yet to say, "thus much it can do and no more," however high the limit set. The system is in its infancy—it has hardly found its legs. And we must remember, and we heartily beg our readers to recollect, that it is not a single effort which is wanted, it is a habit which is to be formed. Year by year, month by month, week by week, cases occur to every one which give the most valuable insight into all the mysteries of disease; and year by year and month by month such a mass of testimony, if they will, can be brought together by this means as the world has never seen before. A hospital has been carefully tabulated, a district well registered, but never before were the diseases of a whole nation set down in the chronicles of medicine.

The Anastomosis of the Coronary Arteries.—Dr. George C. Karop writes to the Lancet as follows: The question of the anastomosis of the coronary arteries has been so often debated with variable results that, as Dr. West says in his very interesting communication, the text-books show a want of uniformity, which, indeed, they could hardly help unless they had all followed one authority. Ellis's "Demonstrations," eighth edition, says they descend toward the apex, but says nothing about their joining. Gray, fifth edition, says they do. Beattie, "Practical Analysis," says they anastomose freely; and Quain and Sharpey, on the authority of Hyrtl, one of the most successful injectors, says or said they do not. Some years ago, when junior demonstrator of anatomy at the Middlesex Hospital, I made some injections of the coronary arteries at the suggestion of Mr. Morris, and found that in some cases they anastomosed, and in others they did not, the latter being as two to one. I can only find actual notes of two cases, both children, one successful, the injection going in at the left and coming out at the right artery; the other unsuccessful, and where, on injecting both arteries, it was shown that no anastomosis existed. There is no record of the time after death when the experiments were made, and probably, as Dr. West points out, this may have something to do with it. His remarkable success will, of course, reopen the matter, and be the the cause of fresh experiment, but the conclusion will probably remain as before, that in some cases the anastomosis is very free, in some slight, and in others does not occur at all.

Notes on Paraldehyde.—Dr. J. Brown writes, in the British Medical Journal, as follows:

As I have prescribed this new drug on several occasions, it may be of interest to give my experience. The dose as a hypnotic is from thirty to fifty minims. It produces sleep in most cases in a few minutes after taking it, the effect lasting from three to seven hours. Larger doses, no doubt, would produce longer narcosis. It produces no headache, no constipation, nor stomach derangements, contrary to the report given of it. In one case it caused a slightly depressant effect on the heart. In a patient who had been accustomed to take chloral, it was stated that the sleep was refreshing, but if disturbed during the sleep the tendency to sleep left, which was not the case with the chloral.

Paraldehyde in some cases causes a peculiar burning taste in the mouth the following morning. The breath smells of the drug for several hours after waking. It is probable that nearly all the drug is got rid of by the lungs in the same state as it is taken. Paraldehyde is not much, if any thing, superior to chloral. It costs five shillings per ounce; chloral, sixpence per ounce; besides which, it requires a larger quantity of the former, so that it is about sixteen times as dear as the chloral. Therefore it is not likely to come into general use. Being so insoluble in water, it makes rather a large draught, which is objectionable.

A Case of traumatic tetanus successfully treated by the sulphate of quinine is reported in the *Medical Times*.

TETANUS OR WORMS?—Dr. Paul Kempf, of Ferdinand, Indiana, furnishes this admirable report to the Med. and Surg. Reporter: On the 25th day of October, 1882, a butcher called at my office with his son, John Weber. The latter is nine years old, heretofore has enjoyed good health, and never had any convulsions during his babyhood. Three of his uncles died young of cerebral meningitis.

Three weeks before he came to see me he was vaccinated with humanized virus. The vaccination proved successful, and two well-formed scabs were on his arm, but no undue amount of inflammation was present.

The most striking symptoms at that time were a contorted face, difficulty in opening the mouth, vague pains every where, a stiff back, and a peculiar walk. Nothing further save negative points could be elicited by questioning the father. The temperature was normal, the skin moist and cool, and the bowels had responded by three watery actions to a dose of castor-oil given the day before. Two six-grain doses of potassium bromide, and then two five-grain doses of chloral hydrate were ordered.

On the night of this day I was hastily summoned to the patient's home. He was in severe convulsions. The jaws were firmly closed, the eyelids partly so, *risus sardonicus* was well marked, slight opisthotonos was present, and he had bitten his tongue so that the blood flowed.

The thermometer registered 104° F.; the pulse was much accelerated. After a thorough examination no lesions, except those of vaccination and several large herpetic sores around the anus, could be discovered. There was no tenderness or pain along the spinal column, and the mind was perfectly clear. Profuse sweating appeared at intervals. Occasionally the boy would shriek out and then the entire body was stiff as a board. The jarring of a footstep on the floor, a slight draught of air, or a simple touch of my finger would bring on or intensify the general spasm. Tetanus was my diagnosis, whether idiopathic or traumatic I was not prepared to say. The vaccination I suspected as a cause, however; but I took good care not to communicate my suspicions to the family. The chloral hydrate was increased to ten grains every hour till sleep was produced. On the next day eight grains of potassium bromide and a half ounce of elixir of ammonia valerianate were given at every third hour. The room was darkened, kept agreeably warm, and silence about the house was enjoined.

It soon became apparent that the chloral hydrate held the convulsions in check, and accordingly this medicine was continued, the dose being increased or given more frequently according to the severity of the attacks.

These attacks of spasms, especially after the first three days of the disease, occurred at night to a much greater extent than during the day. In fact, after this period of time, he had not once in day-time opisthotonos, but the "devilish smile" and rigidity of the legs were constant. I feared that malaria, the greatest factor in diseases in this part of the country, might have some influence in this case, so I gave twenty-five grains of quinia sulphate during two afternoons. No visible effect for good was created.

One night all the symptoms were aggravated. The *risus sardonicus* was extreme, all the facial muscles were horribly contorted, and the patient foamed at the mouth, while his body formed a complete arch. No medicines could be given *per orem*. The hypodermic injection of one fourth of a grain of morphia sulphate quieted the patient. A stick of hard wood was then put between the teeth to prevent further laceration of the tongue. My prognosis was necessarily gloomy. After the patient had lived through a week's illness it became brighter, as nourishment, milk, eggs, beef-tea, and small quantities of whisky were given at short intervals. I determined to stick to the original plan of treatment, and so the chloral hydrate at night and the potassium bromide mixture during the day were kept up.

On the eighth day of his illness the patient passed a large worm of the "ascarides lumbricoides" kind. I asked myself, could worms have any thing to do in this case? The patient had extreme pains in the abdominal region with contraction of the muscles there; but these things occur in nearly all cases of tetanus. Four grains of santonin in a dram of fluid extract of senna and spigelia were administered at night. The next morning two more worms passed with the stool. On alternate nights the same vermifuge was given, and in all thirteen large worms came away.

Sweating was very profuse at times and a large crop of miliaria rubra appeared. Extreme itching was complained of. Simple vaseline relieved this greatly. Thus the disease progressed, gradually becoming less in intensity, though there were occasions of

exacerbation till the seventh day of November.

On the night of this day the patient had the last severe convulsion. Sleep was, however, often interrupted for the next week by dreams, and to prevent these the chloral hydrate was continued, though in gradually diminished doses. The potassium bromide was now given twice daily. At the end of three weeks I pronounced the patient out of danger. The peculiar expression of the face then passed away, also the skin eruption and the swelling of the eyelids. The appetite became voracious; it had in truth never failed seriously throughout the illness. It may be mentioned here that the submaxillary glands had been enlarged and painful. No particular treatment was used for these and they resumed their normal condition.

The power to walk returned but slowly; however, on the sixth day of December the the boy was entirely well.

Was this a case of tetanus, or of reflex convulsions from intestinal worms? Looking over the standard works on these subjects, and considering all things, I thought it a case of tetanus, and treated it as such.

The course of the disease, the peculiar convulsions, the great sensibility of the nervous periphery, the enormous doses of toxic medicines taken, all point toward tetanus. On the side of reflex convulsions from worms are the facts that the patient recovered and that worms were present. May not a case of tetanus terminate favorably? May not the presence of worms be a coincidence? Or may not the combined irritation of intestinal worms and that of the vaccination sore have produced tetanus? At any rate it is an open question, and an unbiased mind will not jump suddenly at the conclusion that it was a case of reflex convulsions "produced by worms."

ALBUMINURIC RETINITIS OF PREGNANCY. Dr. Ryerson, of Toronto, writes to the British Medical Journal: Mrs. E., aged twenty-two, stated that her sight had been failing for a month. She could see the sides of an object but not the center; and complained of flashes of light in the dark. She had frontal headache, sometimes severe. She had no pain in the eyes. There was great nausea and vomiting. She was in the fourth month of her first pregnancy. With the right eye she saw fingers at five feet and read 16 Jäger; with the left she saw fingers at three feet and read 20 Jäger. With the ophthalmoscope I observed in the right eye a well marked stellate arrangement of deposits about the yellow spot with numerous patches scattered about the retina. The optic disc was somewhat swollen and indistinct in its outline. The appearances in the left eye were very similar with the addition of numerous small hemorrhages in the lower half of the fundus. Shortly after this she was seized with convulsions and miscarried; and made a good recovery. I saw her again on August 4th, swelling of the optic disc had greatly diminished, the scattered patches were less marked, but stellate patches in the region of the macula were about the same as when first seen. In the right eye two veins apparently contained thrombi. The vision was, with the right eye, $\frac{20}{50}$, 16 Jäger; with the left eye, $\frac{20}{50}$, 16 Jäger. She could manage to write a letter. She regained good vision, but I did not see her again. In a few months she became pregnant again; convulsions supervened, and in one of them she died.

Remarks. It would be of considerable interest to learn in what proportion and in what class of cases of albuminuria of pregnancy retinitis occurs. That it does not necessarily occur, I know, having attended some years ago two cases in which there was no complaint of trouble of vision. One, a woman of about thirty, in her fourth pregnancy, made a good recovery. The other had convulsions and died. I did not use the ophthalmoscope, but relied upon the patient's statements, the cases having occurred in my pre-ophthalmoscopic days.

THE PREPARATION of Prof. Olmstead, of Yale College, for the preservation of scientific apparatus (Popular Scientific News) admits of a wide application and should be generally known. It is made by melting slowly together six or eight parts of lard to one of resin, and stirring until it is cool. Rubbed on a bright metallic surface it protects the polish effectually. It can be wiped off nearly clean, if it is desired, as in case of knife-blades, or it can be thinned with coal oil or benzine. The surface should be both bright and dry, as it will not prevent the continuance of oxidation already begun.

A LINGUAL dermoid cyst was exhibited by Mr. Barker to the Clinical Society of London, June 12th. It measured three and one half by one and one half inches. Its contents were like porridge. Only eighteen cases of this kind are recorded, says Mr. Barker.